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FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000003673 (9)

1. Corporation Name  
STROMGREN SUPPORTS, INC.

Principal Place of Business

8100 E. 22ND ST., N.  
BLDG 1900  
WICHITA KS 67226

Mailing Address

8100 E. 22ND ST., N.  
BLDG 1900  
WICHITA KS 67226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number  
48-1108028

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME FLYNN, JOHN S.  
STREET ADDRESS P.O. BOX 1230  
CITY-ST-ZIP HAYS KS

TITLE VP ☐ DELETE

NAME KARUN, TERRY  
STREET ADDRESS P.O. BOX 1230  
CITY-ST-ZIP HAYS KS

TITLE SD ☐ DELETE

NAME FLYNN, JOSEPH P  
STREET ADDRESS 8100 E. 22ND ST., N. BLDG 1900  
CITY-ST-ZIP WICHITA KS

TITLE T ☐ DELETE

NAME HAUGEN, DENNIS  
STREET ADDRESS 8100 E. 22ND ST., N. BLDG 1900  
CITY-ST-ZIP WICHITA KS

TITLE D ☐ DELETE

NAME CARNEY, DANIEL M  
STREET ADDRESS 8100 E. 22ND ST., N. BLDG 1900  
CITY-ST-ZIP WICHITA KS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Karlin, Terry  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE President ☐ Change ☒ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph P. Flynn,  
President

1/8/98

316-686-7314

CR2E034 (10/97)