FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9500003673**

STROMGREN SUPPORTS, INC.

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90052 018 ***150.00



Principal Place of Business	Mailing Address				_		
8100 E. 22ND ST., N. BLDG 1900 WICHITA KS 67226	8100 E. 22ND ST., N. BLDG 1900 WICHITA KS 67226			DO NOT WRITE IN THI	S SPACE	<u>:</u>	
				3. Date Incorporated or Qualifed		· ·	
				07/28/1995			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	26		ľ	48-1108028	-	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees	
Zip Country 24 25	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM	1.5. 7. 11.5	81 N	lame				
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324		83					
		84 C	City	Fl	85	Zip Code	
11: Pursuant to the provisions of Sections 607.0502 a classification of registered agent, or both, in the State of	nd 607.1508, Florida Statutes, the a	bove-na	amed corpora	ation submits this statement for the purpose of board of directors. I hereby accept the appo	f changing	g its registered as registered	

Signature and the state of the obligations of, Section 607.6505, Florida Statutes.									
SIGNATURE OF THE STATE OF THE S									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	VP □ DELETE	1.1 TITLE	. Change Addition						
NAME	FLYNN, JOHN S.	1.2 NAME							
STREET ADDRESS	P.O. BOX 1230	1.3 STREET ADDRESS							
CITY-ST-ZIP	HAYS KS	1.4 CITY-ST-ZIP							
TITLE	VP DELETE	2.1 TITLE	☐ Change ☐ Addition						
NAME	KARLIN TERRY	2.2 NAME							
STREET ADDRESS	P.O. BOX 1230	2.3 STREET ADDRESS							
CITY-ST-ZIP	HAYS KS	2. 4 CITY-ST-ZIP							
TITLE	P DELETE	3.1 TITLE	☐ Change ☐ Addition						
NAME TO A	FLYNN, JOSEPH P	3.2 NAME							
STREET ADDRESS	, 8100 E. 22ND ST., N. BLDG 1900	3.3 STREET ADDRESS							
CITY-ST-ZIP	WICHITA KS	3.4. CITY-ST-ZIP	i i i i i i i i i i i i i i i i i i i						
TITLE	Ţ : □ OELETE	4.1 TITLE	☐ Change ☑ Addition						
NAME BOX: E. WORD	HAUGEN, DENNIS	4. 2 NAME							
STREET ADDRESS	8100 E. 22ND ST., N. BLDG 1900	4.3 STREET ADDRESS							
CTTY-ST-ZIP S 1	2WICHITA KS	4.4 CITY-ST-ZIP							
TITLE :	D DELETE	5.1 TITLE	☐ Change ☐ Addition						
NAME (CARNEY, DANIEL M	5.2 NAME							
STREET ADDRESS	8100 E. 22ND ST., N. BLDG 1900	5.3 STREET ADDRESS							
CITY-ST-ZIP	WICHITA KS	5.4 CITY-ST-ZIP							
TITLE	DELETE DELETE	6.1 TITLE	☐ Change ☐ Addition						
NAME	POBOLIES	6.2 NAME							
STREET ADDRESS	HWR RZ	6.3 STREET ADDRESS							
CITY-ST-ZIP o 👑	- \$1) ² + 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	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, with all other like empowered.

CR2E034 (11/98)