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



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000003673</b>			
1. Corporation Name <b>STROMGREN SUPPORTS, INC.</b>			
Principal Place of Business <b>8100 E. 22ND ST., N. BLDG 1900 WICHITA KS 67226</b>		Mailing Address <b>8100 E. 22ND ST., N. BLDG 1900 WICHITA KS 67226</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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.		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	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	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	3.1 TITLE	Change Addition
NAME	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	
TITLE	T	4.1 TITLE	Change Addition
NAME	HAUGEN, DENNIS	4.2 NAME	
STREET ADDRESS	8100 E. 22ND ST., N. BLDG 1900	4.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	4.4 CITY-ST-ZIP	
TITLE	D	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	P	6.1 TITLE	Change Addition
NAME	FLYNN, JOHN S.	6.2 NAME	
STREET ADDRESS	P.O. BOX 1230	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAYS KS	6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE REQUIRED

1/5/99

316-686-7314

CR2E034 (11/98)