FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION TF



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

ANNUAL REPOR
1996

DOCUI	MENT # F9500	0005219 (9)		
1	TON, INC.	•	•		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place	of Business	Mailing Address			
600 BROADWAY, STE. 250 600 BROADWAY, STE. 250			250		
KANSAS CIT	TY MO 64105	KANSAS CITY MO 641			
				3. Date Incorporated or Qualified	3a. Date of Last Report
A Drive six of Dr	(0)			10/26/1995	
2. Principal Pia	ace of Business	2a. Mailing Address		4. FEF Number 47-1500111	Applied For
Suite, Apt.	#, etc.	Suite Apt #, etc		**	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	55.00 May Be
Z ip	Country	28	T	Trust Fund Contribution	Added to Fees
24	25	Ζφ 29	Country 30	8. This corporation has liability for in Florida Statutes X Yes	
	9. Name and Address of Curren		130	10. Name and Address of New Ro	
			81 Name		
	LL, CAROL J		82 Street Addr	ess (P.O. Box Number is Not Acceptable	(6)
	YPRESS ST., #165				-,
IAMPA	FL 33609		83		
			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1509 Florida Statutes		ation submits this statement for two num	roce of changing its registered office.
or registere familiar wit	ed agent, or both, in the State of Florid h, app accept the obligations of Secti	la. Such change was authorize on 607.0505. Florida Statutes	d by the corporation's boar	ation submits this statement for the purp of of directors. Thereby accept the appo	intment as registered agent. Lam
SIGNATURE	(and a (LAAR Q		<	115-196
12.	Signature, transico protechamie de guidoridago o	ero Me Capitalia (Anti-	Beginner: Agent sejentur recore.		EPSTE.
TITLE	OP ICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	CARROLL, CAROL J		1.7 NAME		Change Addition
STREET ADDRESS	5300 W CYPRESS ST. #165		1.3 STREET ACORESS		
CITY-ST-ZIF	TAMPA FL 33609		14 CITY+SI-ZIP		i
TITLE	VCT	☐ DELETE	2 1 TITLE		Charge Addition
NAME	CARROLL, RICHARD J		2.2 NAME		
STREET ADDRESS	5300 W CYPRESS ST. #165		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL 33609		2.4.C(fY-Sf_Z)P		
NAME		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDIRESS		
City-St-Zif			3.4 CHTY-ST ZIF		
TITLE	A-24	DELETE	4 1 THLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 THTLF		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	6 4 THE		Change
NAME		_ ј вест	6 2 NAME		Change Addition
STREET ADDRESS			6 3 STHEFT ADDRESS		
CITY-ST-ZIP			64 CrTY+ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily lumished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental 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 Bloch 13 if changed, by on an other near twith an address.

SIGNATURE:

ARROU

ARROU

5/15/96

913-344-570

Capture trace in

SIGNATURE:

5/15/96 913-344-6700