FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000003576 (3) DOCUMENT #

Feb 25 1998 8:00am Secretary of State

Principal Place	COURT HEIGHTS MO 63043	Mailing Address 22-5 FORTE COURT MARYLAND HEIGHTS US	MO 63043		,	DO NOT WRITE IN 3. Date Incorporated or Qualified 07/16/1996		
<u> </u>	Place of Business	2a. Mailing Address	. Mailing Address Forte Court			4. FEI Number Applied For		
Suite, Apt. #, etc		26 2-2-05			NIL	43-1227943		lot Applicable
22		Suite, Apt #, etc.	1			5. Certificate of Status Desired		Additional Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	···			Trust Fund Contribution		to Fees
Zip 24	Country 25	<i>Z</i> φ	Couni 30	ry		8. This corporation owes or has paid the		ntangible
49	25 29 30 9. Name and Address of Current Registered Agent		[30]	vj		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
С	T CORPORATION SYSTEM	· · · · · · · · · · · · · · · · · · ·		1 Name)			
	00 SOUTH PINE ISLAND ROAD		82 Street Add		Addres	ss (P.O. Box Number is Not Acceptable)		
Pl.	ANTATION FL 33324					Se (: e. Bex (tember le riet / lebeptable)		
			8	3			•	
			8	4 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								
12.	Signature, typed or printed name of registered agent. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	IOIE Registered A	gent signatur	re required	(when reinstating) ADDITIONS/CHANGES TO OFFICER:	DATE	DC IN 10
trile	PSD OF THE MS AND	DELETE	1.1 TITU		Τ	ADDITIONS/CHANGES TO OFFICER:	Change	Addition
HAME DEAN, CHARLES P			1.2 NAME					
STREET ADDRESS 2205 FORTE COURT			1.3 STREET ADDA					
CITY-ST-ZIP	MARYLAND HEIGHTS MO		1.4 City	1.4 CHY-ST-ZIP				
TITLE	VTD	☐ DELETE	2.1 T(TL 1				☐ Change	Addition
HAME	DEAN, SUSAN T			2.2 NAME 2.3 STREET ADDRESS				
CHY-SI-ZIP MARYLAND HEIGHTS MO			2.3 STHEET AUDMES			74 ·	<u></u>	
TITUE		DELETE	3.1 TITLE		 	7**************************************	Change	☐ Addition
NAME			3.2 NAM				_	
STREET ADORESS			3.3 STREET ADDRESS		[,
CITY-\$T-ZIP				3.4 CITY-ST-ZIP				4
TITLE NAME		☐ DELETE	4.1 TiTLE				☐ Change	Addition
STREET ADDRESS			4. 2 NAM	et address				
CITY - ST - ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE		 	**************************************	☐ Change	Addition
NAME			5.2 NAM					
STREET ADDRESS			53 STRE	ET ADDRESS				
CITY-ST-ZIP		TT DELETE		r-S1-ZIP				1 1 2 2 2 2 2 2
TITLE		DELETE	61 TITLE				Change	☐ Addition
NAME STREET ADDRESS			62 NAM	ET ADDRESS				
CITY-ST-ZIP			64 CITY					
	L certify that the information supplied with	this filing does not qualify			ted in Se	ection 119.07(3)(i), Florida Statutes. I furth	her certify that the	a information

indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if charged or upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that i am an or the receiver or trestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in