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**Mar 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F96000006394 (8)

1. Corporation Name
EVA GABOR INTERNATIONAL, LTD., INC.



Principal Place of Business: **5775 DERAMUS AVE
KANSAS CITY MO 64120**
Mailing Address: **5775 DERAMUS AVE
KANSAS CITY MO 64120-1207**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/06/1996	
22		27		4. FEI Number	Applied For
23		28		43-0911515	Not Applicable
24		29		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ DATE _____
(Signature type for principal of registered agent and fee, if applicable. (Initials Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPOLITANO, MICHAEL R	1.2 NAME	HINTZ, BRENT A.
STREET ADDRESS	5775 DERAMUS AVE	1.3 STREET ADDRESS	5775 DERAMUS AVE
CITY-STATE-ZIP	KANSAS CITY MO 64120	1.4 CITY-STATE-ZIP	KANSAS CITY, MO 64120
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLITANO, ELEANOR	2.2 NAME	
STREET ADDRESS	5775 DERAMUS AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	KANSAS CITY MO 64120	2.4 CITY-STATE-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLITANO, DENISE	3.2 NAME	
STREET ADDRESS	5775 DERAMUS AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	KANSAS CITY MO 64120	3.4 CITY-STATE-ZIP	
TITLE	DCOO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIARA, ANTHONY	4.2 NAME	
STREET ADDRESS	5775 DERAMUS AVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	KANSAS CITY MO 64120	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NG, BENJAMIN	5.2 NAME	
STREET ADDRESS	5775 DERAMUS AVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	KANSAS CITY MO 64120	5.4 CITY-STATE-ZIP	
TITLE	SCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, NORMAN	6.2 NAME	
STREET ADDRESS	5775 DERAMUS AVE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	KANSAS CITY MO 64120	6.4 CITY-STATE-ZIP	

14. I do 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: *Brent A. Hintz* **BRENT A. HINTZ** **CONTROLER** **3/13/97** **(816)231-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone # 0011485

CFR2E034 (9/96)