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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # F9600006394 (8)

Principal Place of Business	Mailing Address
5775 DERAMUS AVE	5775 DERAMUS AVE
KANSAS CITY MO 64120	KANSAS CITY MO 641.

FILED Mar 09 1998 8:00am Secretary of State

EVA GABOR INTERNATIONAL, LTD., INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/06/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 43.0911515 43-0711515 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **B2** PLANTATION FL 33324 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change TITLE NAPOLITANO, MICHAEL R NAME 1.2 NAME **5775 DERAMUS AVE** STREET ADDRESS 1.3 STREET ADDRESS KANSAS CITY MO 84120 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAPOLITANO, ELEANOR NAME 2.2 NAME **5775 DERAMUS AVE** STREET ADDRESS 2.3 STREET ADDRESS KANSAS CITY MO 64120 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition HINTZ, BRENT A NAME 3.2 NAME **5775 DERAMUS AVE** STREET ADDRESS 3.3 STREET ADDRESS KANSAS CITY MO CITY-ST-ZIP 3.4. CITY-ST-ZIP DCOO DELETE Change TITLE 4.1 TITLE Addition SCIARA, ANTHONY NAME 4.2 NAME **5775 DERAMUS AVE** STREET ADDRESS 4.3 STREET ADDRESS KANSAS CITY MO 64120 CITY-ST-ZIP 4.4 CITY - ST- ZIP __ DELETE Change Addition TITLE 5.1 TITLE NG, BENJAMIN NAME 5.2 NAME 5775 DERAMUS AVE STREET ADDRESS **5.3 STREET ADDRESS** KANSAS CITY MO 64120 CITY-ST-ZIP 5.4 CITY-ST-ZIP SCFO DELETE Addition Change TITLE 6.1 TITLE LEVINE, NORMAN NAME 6.2 NAME **5775 DERAMUS AVE** STREET ADDRESS **6.3 STREET ADDRESS** KANSAS CITY MO 64120 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.