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May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J40694 (8)
1. Corporation Name
SUGARMILL WOODS SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8120 S SUNCOAST BLVD HOMOSSA FL 34446 US		Mailing Address 212 SOUTH CENTRAL SUITE 100 ST LOUIS MO 63105 US	
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 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent MOORE, JAMES E III 1625 W MARION AVE STE 2 PUNTA GORDA FL 33950		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	
NAME	SCHIFFER, LAURENCE A.	12 NAME	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	13 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	
NAME	STOCKER, JANICE	22 NAME	
STREET ADDRESS	8120 S. SUNCOAST	23 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	
NAME	LOVE, ANDREW S. JR.	32 NAME	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	33 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	34 CITY-ST-ZIP	
TITLE	AST	41 TITLE	
NAME	CLEMENT, GLORIA D.	42 NAME	
STREET ADDRESS	212 SOUTH CENTRAL SUITE 100	43 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	
NAME	KOVARIK, ANNETTE	52 NAME	
STREET ADDRESS	212 S. CENTRAL, SUITE 100	53 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63105	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 _____

CR2E034 (10/97)