

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

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **J58849**

(7)

1. Corporation Name  
**PLAZA LAND COMPANY**

Principal Place of Business  
**25 2ND ST. N. SUITE 100**  
**ST PETERSBURG FL 33701**

Mailing Address  
**25 2ND ST. N. SUITE 100**  
**ST PETERSBURG FL 33701-3362**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 310 Ward Parkway		02/24/1987		05/01/1996	
22 Suite 200		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 Kansas City MO		93-0952173		Not Applicable	
24 Zip		29 64112		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 USA		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		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				81 Name			
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105				83			
TALLAHASSEE FL 32301				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when relistening) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, BRADY		1.2 NAME				
STREET ADDRESS	5317 MISSION WOODS TERRACE		1.3 STREET ADDRESS				
CITY - ST - ZIP	SHAWNEE MISSION KS 66205		1.4 CITY - ST - ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILDS, MICHAEL T		2.2 NAME				
STREET ADDRESS	3629 SOMERSET DRIVE		2.3 STREET ADDRESS				
CITY - ST - ZIP	SHAWNEE MISSION KS 66205		2.4 CITY - ST - ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JOHN H		3.2 NAME				
STREET ADDRESS	5812 TAHOE LANE		3.3 STREET ADDRESS				
CITY - ST - ZIP	SHAWNEE MISSION KS		3.4 CITY - ST - ZIP				
TITLE	VASO	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN BUTSEL, MICHAEL R.		4.2 NAME				
STREET ADDRESS	25 2ND ST N, #300		4.3 STREET ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - 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: [Signature] **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)