FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90124 036 ***150.00

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· PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K88781

1. Corporation Name

POLO INVESTMENTS, INC.

Principal Place of Business Mailing Address						1 (SEISII) SEL INTEL LEUN (SEEL INTEL ALBIT ALBI	
4141 S NOLAND RD INDEPENDENCE MO 64055 US		PO BOX 1845 4141 S NOLAND RDO INDEPENDENCE MO 64055 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
		00				05/17/1989	
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21	26				65-0123825 Not Applicab		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Secured Fee Required	
City & St	rate	City & State				6. Election Campaign Financing 55.00 May Be	
23	ate.	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25 29 30		30	,]		Personal Property Tax.	
2-71	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM				81	Name		
				\Box			
1200 S. PINE ISLAND RD.			82 Street Addre		dress (P.O. Box Number is Not Acceptable)		
DI ANTATIONI EL COCCA				83			
				၂၀၁၂			
				84	City	FL 85 Zip Code	
office o	nt to the provisions of Sections 607.05 r registered agent, or both, in the Stat I am familiar with, and accept the oblig	e of Florida. Such change was a	uthorizer	i hv	the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
SIGNATUR	E						
	Signature, typed or printed name of registered ag	,,	<u>`</u>	Agen	t signature requir	red when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 77	.1 TITLE		☐ Change ☐ Addir	
NAME	PARRISH, MARY JANE		1.2 N/	ME			
STREET ADDRES	INDEDITATION AND		1.3 \$1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
CITY-ST-ZIP			1.4 CI				
TITLE	VP	☐ DELETE	2.1 TI	TLE		Change Addi	
NAME	LANGE TO THE STATE OF THE STATE		2.2 N	2.2 NAME			
STREET ADDRES	AAAA MOLAND DD		TREET	ADDRESS			
CITY-ST-ZIP	INDEPENDENCE MO		2.4 C	ITY-S	T-ZIP		
TITLE	VP	☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addi	
,,,,,e	WHITE DONALD D		32 N	AL/F			

CITY-ST-ZIP 14. 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 a attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

51 TIDE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

510 N DELAWARE

INDEPENDENCE MO

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change

☐ Change

Change

☐ Addition

Addition

☐ Addition