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**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PH 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50896 (4)
1. Corporation Name:
THE FRU-CON PROJECTS, INC.

Principal Place of Business: **15933 CLAYTON RD BALLWIN MO 63011**
Mailing Address: **15933 CLAYTON RD BALLWIN MO 63011**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1990	3a. Date of Last Report 04/18/1994
4. FEI Number 65-1092643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 194.012 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. County	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. County
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9. Name and Address of Current Registered Agent KEIHNER, BRUCE W. 6585 DILLMAN RD EXTENSION P.O. BOX 15255 W PALM BEACH FL 33416	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number if Not Applicable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.01(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 Sections 607.01(2) and Florida Statutes.

SIGNATURE: _____ BY: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY:	
OFFICER NAME: SAUER, PAUL STREET ADDRESS: 16183 WILSON MANOR DR. CITY, ST., ZIP: CHESTERFIELD MO	OFFICER NAME: DVT STREET ADDRESS: JUERGEN, KOCHANNEK CITY, ST., ZIP: 5 JENNYCLIFF LN CHESTERFIELD MO	1. OFFICER NAME: PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	2. OFFICER NAME: D STREET ADDRESS: 2634 VALLEY ROAD CITY, ST., ZIP: CHESTERFIELD MO 63005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	3. OFFICER NAME: PEGGY MORRIS STREET ADDRESS: 4506 MARYLAND AVE CITY, ST., ZIP: ST. LOUIS, MO 63108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	4. OFFICER NAME: ZEHARR, ANNE STREET ADDRESS: 1417 CARMAN VALLEY DA. CITY, ST., ZIP: MANCHESTER, MO 63021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	OFFICER NAME: S STREET ADDRESS: RUZICKA, LEONARD R., JR. CITY, ST., ZIP: 1947 SUNNY DR KIRKWOOD MO	5. OFFICER NAME: MALDOF, RICHARD STREET ADDRESS: 123 KATHLEEN AVE CITY, ST., ZIP: WYOMING PA 19610	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or transfer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers or directors of the corporation with an address.

SIGNATURE: *[Signature]* **P. MORRIS** 4-28-95 314-391-6700
DIRECTOR (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)