

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90039 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L50896

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, A pt. #, etc.

26 Suite, A pt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

02/13/1990

4. FEI Number

65-1092643

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME SAUER, PAUL
 STREET ADDRESS 16183 WILSON MANOR DR.
 CITY-ST-ZIP CHESTERFIELD MO

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DT DELETE
 NAME JUERGEN, KOCHANNEK
 STREET ADDRESS 2634 VALLEY ROAD
 CITY-ST-ZIP CHESTERFIELD MO

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE SV DELETE
 NAME MORRIS, PEGGY
 STREET ADDRESS 4506 MARYLAND AVE.
 CITY-ST-ZIP ST. LOUIS MO

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE V DELETE
 NAME ZEHNER, ARNIE
 STREET ADDRESS 1417 CARMAN VALLEY DR.
 CITY-ST-ZIP MANCHESTER MO

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE V DELETE
 NAME MALOOF, RICHARD
 STREET ADDRESS 123 KATHLEEN AVE.
 CITY-ST-ZIP WYOMISSING PA

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME Assistant Secretary
 6.3 STREET ADDRESS Charles Gilbert
 716 N. Summit
 6.4 CITY-ST-ZIP Webster Groves, Mo. 63119

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, with the other like empowered.

SIGNATURE: *Charles Gilbert*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (314) 391-4560
 Date Daytime Phone #

CR2E034 (1/98)