


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
Apr 27 1998 8:00 am
Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96000000510 1030 INTERNATIONAL SPEEDWAY BOULEVARD, L.I. .C. C/O DETLEF G. LEHNARDT 911 MAIN STREET, SUITE 2224 KANSAS CITY MO 64105

1a. Principal Place of Business Address C/O DETLEF G. LEHNARDT 911 MAIN STREET, SUITE 2224 KANSAS CITY MO 64105
--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 12/18/1996	3a. State of Formation DE
--	---	--	------------------------------

4. FEI Number 43-1765093	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report 04/25/1997	6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required
-----------------------------	---	--------------------------------------	--

7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
--

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002508609-2 City Zip Code -05/04/98--01006--016 ****188.75 ****188.75 FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ULMER, KONRAD	911 MAIN STREET, #2224, C/	KANSAS CITY MO

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Konrad Ulmer by Detlef G. Lehnardt, attorney-in-fact* 4/23/98 (816)221-2440
SIGNATURE (SEE TYPE) OF PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER Date Daytime Phone #