


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90063 035 ***150.00

0530213

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M98155

1. Corporation Name
THE ROBERTS GROUP, INC.

Principal Place of Business 8675 W 96TH ST STE 207 OVERLAND PARK KS 66212 US	Mailing Address 8675 W 96TH ST STE 207 OVERLAND PARK KS 66212 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 09/13/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0074765	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. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIRKENDALL, ROBERT K.
6351 PELICAN BAY BLVD., SUITE 17
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name (SAME) Kirkendall, Robert K.
82 Street Address (P.O. Box Number is Not Acceptable) 4000 Gulf Shore Boulevard North
83
84 City Naples
85 State FL
Zip Code 33940

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: *R. Kirkendall* (NOTE: Registered Agent signature required when reinstating) DATE: **1-12-99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIRKENDALL, ROBERT K.	
STREET ADDRESS	10076 HEMLOCK DR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KIRKENDALL, GAIL R.	
STREET ADDRESS	10076 HEMLOCK DR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKENDALL, R SCOTT	
STREET ADDRESS	934 CLAYBEND DR	
CITY-ST-ZIP	BALLWIN MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRKENDALL, J DAVID	
STREET ADDRESS	109 HARROGATE DR	
CITY-ST-ZIP	WAUKESHA WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	(SAME) Kirkendall, J. David
4.3 STREET ADDRESS	7144 East Pass
4.4 CITY-ST-ZIP	Madison, WI 53913
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 all other like empowered.

SIGNATURE: *R. Kirkendall* DATE: **1-12-99** DAYTIME PHONE #: **913-381-3936**

CRZE034 (1/98)