


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90244 021 ****70.00

0081959

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

DOCUMENT # N93000003288

1. Corporation Name
INROADS/MIAMI, INC.

Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 403 MIAMI FL 33131	Mailing Address 10 SOUTH BROADWAY, SUITE 700 ATTN: PATSY A.W. PHILLIPS ST. LOUIS MO 63102
--	--

1 4 140853 90244 21



2. Principal Place of Business 21 501 Brickell Key Drive Suite, Apt. #, etc. 403 City & State 23 Miami, FL Zip 24 33131 Country 25 USA	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 07/22/1993 4. FEI Number 43-1631105 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	N/A
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	STORY, CHARLES I	
STREET ADDRESS	315 DEADERICK, STE. 1240	
CITY-ST-ZIP	NASHVILLE TN 37238	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTLEY, RONALD P	
STREET ADDRESS	8309 WIGMORE COURT	
CITY-ST-ZIP	RICHMOND VA 23227	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BIJOU, PAUL	
STREET ADDRESS	1 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LESENE, TONY C	
STREET ADDRESS	501 BRICKELL KEY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
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	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Peter L. Rossiter
2.3 STREET ADDRESS	50 South LaSalle St. - MB09
2.4 CITY-ST-ZIP	Chicago, -IL 60675
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(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 617, 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: *Charles I. Story* **CHARLES I. Story** 1/20/99 (615) 255-7397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)