

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003924 (7)

1. Corporation Name

INROADS/CENTRAL FLORIDA, INC.



Principal Place of Business 390 NORTH ORANGE AVE., SUITE 825 BARNET BANK CENTER ORLANDO FL 32801 US		Mailing Address PO BOX 8794 ST. LOUIS MO 63101 US		3. Date Incorporated or Qualified 08/08/1994	
2. Principal Place of Business 21 3101 Maguire Blvd. Suite, Apt. #, etc. 22 Suite 150 City & State 23 Orlando, Florida Zip 24 32803		2a. Mailing Address 26 10 South Broadway Suite, Apt. #, etc. 27 Suite 700 City & State 28 St. Louis, Missouri Zip 29 63102		4. FEI Number 43-1676405 Applied For Not Applicable	
Country 25 USA		Country 30 USA		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	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

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 85 Zip Code	
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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 _____ N/A
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE	Controller	Change	Addition
NAME	FOWLER, SUSAN M			1.2 NAME	Sharon H. Edison		
STREET ADDRESS	285 INTERNATIONAL PKWY			1.3 STREET ADDRESS	10 South Broadway, Suite 700		
CITY-ST-ZIP	LAKE MARY FL 32746			1.4 CITY-ST-ZIP	St. Louis, MO 63102		
TITLE	ED	DELETE		2.1 TITLE	Director of Human Resources	Change	Addition
NAME	FULLER, GEORGE A			2.2 NAME	Lorisse Garcia		
STREET ADDRESS	434 N TAMPA AVE.			2.3 STREET ADDRESS	8701 Maitland Summit Blvd.		
CITY-ST-ZIP	ORLANDO FL 32802			2.4 CITY-ST-ZIP	Orlando, FL 32810		
TITLE	SVP	DELETE		3.1 TITLE		Change	Addition
NAME	CULBERHOUSE, LORISSE			3.2 NAME			
STREET ADDRESS	390 NORTH ORANGE AVE., SUITE 825			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			3.4 CITY-ST-ZIP			
TITLE	MR	DELETE		4.1 TITLE		Change	Addition
NAME	KIMBERLIN, CLARK V			4.2 NAME			
STREET ADDRESS	315 E. ROBINSON STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			4.4 CITY-ST-ZIP			
TITLE	GM	DELETE		5.1 TITLE		Change	Addition
NAME	COOGIN, KATHLEEN			5.2 NAME			
STREET ADDRESS	2301 MAITLAND CENTER PKWY, SUITE 2 NORTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			5.4 CITY-ST-ZIP			
TITLE	EVP	DELETE		6.1 TITLE		Change	Addition
NAME	LYTLE, MERCEDES M			6.2 NAME			
STREET ADDRESS	315 DEADRICK STREET, BOX 97			6.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN 37238			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)(l), 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.

SIGNATURE: Sharon H. Edison Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7/14/98 Daytime Phone #: (314) 241-7488

CR2E037 (5/98)