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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P05581

(4)

		Mailing Address 5626 LEGION WICHITA KS 67204-1816			
				3. Date Incorporated or Qualified 04/05/1985	3a. Date of Last Report 04/17/1996
2. Principal Place of Business 2a. Mailing Address		<b>├</b> ─┐		4. FEI Number	Applied For
		26		48-0975779	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27		\$8.75 Additional Fee Required
28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Čountry 30		Yes 🔀 No
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
TA		.0502 and 607.1508, Florida Statut state of Florida Such change was a bligations of, Section 607.0505, Flo	83  84 City  es, the above-named corparities by the corporal prida Statutes.	poration submits this statement for the plants of directors. I hereby acce	FL 85 Zip Code  ourpose of changing its registered pt the appointment as registered
SIGNATURI	Signature, typed or printed name of registers	d agent and title if applicable (NOTI	I : Registered Agent signature requ		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME STREET ADDRES CITY-ST-ZIP	PD GREEN, JOHN 5626 LEGION WICHITA KS	☐ DELETE	1.1 THTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 C(TY-ST-7)P		☐ Change ☐ Addition
TITLE	VST RUPERT, GRETCHEN	☐ DELETE	2 1 TITLE 22 NAME		Change Addition
STREET ADDRES	S 5626 LEGION		2.3 STREET ADDRESS		
CITY-ST-ZIP	WICHITA KS	DELETE	2, 4 CITY - ST - ZIP		Change Addition
NAME STREET ADDRES		C) Detere	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS		C Guange C NOtifier
CITY-ST-ZIP TITLE NAME	WICHITA KS	☐ DELETE	3,4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRES	ss		4.3 STREET ADORESS	•	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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.

4.4 CITY - \$1 - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY- \$1 - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

DELETE

Change

Change

☐ Addition

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State