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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09011 (8)

1. Corporation Name
SMITH & LOVELESS, INC.

Principal Place of Business
14040 SANTA FE TRAIL DRIVE
LENEXA KS 66215

Mailing Address
14040 SANTA FE TRAIL DRIVE
LENEXA KS 66215-1234



3. Date Incorporated or Qualified 02/07/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 48-0924021	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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
	FL

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD REBORI, ROBERT L <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13919 WEST 48TH TERRACE	1.2 NAME	
STREET ADDRESS	SHAWNEE KS	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHULL, FORREST E. <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8504 WEST 114TH STREET	2.2 NAME	VD SHULL, FORREST E.
STREET ADDRESS	OVERLAND PARK KS	2.3 STREET ADDRESS	11401 FLINT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	OVERLAND PARK, KANSAS
TITLE	VSD MARSCHALL, STUART B <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10580 GLENVIEW LN	3.2 NAME	
STREET ADDRESS	OLATHE KS	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD LYONS, ROBERT P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1016 HUNTINGTON ROAD	4.2 NAME	
STREET ADDRESS	KANSAS CITY MO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VSD BELL, JAMES A <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4322 HOMESTEAD CIRCLE	5.2 NAME	
STREET ADDRESS	PRAIRIE VILLAGE KS	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS SMITH, GAD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6430 INDIAN LANE	6.2 NAME	AS WICKHAM, LANETTE
STREET ADDRESS	SHAWNEE MISSION KS	6.3 STREET ADDRESS	5702 OAK VIEW DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SHAWNEE, KANSAS

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.

SIGNATURE: _____ ROBERT L. REBORI JAN. 8, 1997 (913)888-5201

CR2E034 (9/96)