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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1986

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 13919 WEST 48TH TERRACE SHAWNEE KS	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHULL, FORREST E. 11401 FLINT OVERLAND PARK KS	2.1 TITLE	AT
NAME		2.2 NAME	DAVID B. FERBEZAR
STREET ADDRESS		2.3 STREET ADDRESS	14710 W. 65th. STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SHAWNEE KS
TITLE	VSD MARSCHALL, STUART B 10580 GLENVIEW LN OLATHE KS	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD LYONS, ROBERT P 1018 HUNTINGTON ROAD KANSAS CITY MO	4.1 TITLE	S
NAME		4.2 NAME	LANETTE WICKHAM
STREET ADDRESS		4.3 STREET ADDRESS	5702 OAK VIEW DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SHAWNEE KS
TITLE	VSD BELL, JAMES A 4322 HOMESTEAD CIRCLE PRAIRIE VILLAGE KS	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS SMITH, GAD 6430 INDIAN LANE SHAWNEE MISSION KS	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 02/19/98 (913) 888-5201

CR2E034 (10/97)