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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P16332

(9)

FILED Mar 18 1998 8:00am Secretary of State

1. Corporation THE BR	NAME ATTON CORPORATION	_ (-)					
Principal Place	e of Business	Mailing Address			1 LOUBHOOT LOU 1984 BLADE LANDO HAIL HOL GADAL BI	SH G1811 A1911 G1914 BHB11 191	I I .
2801 E. 85TH 8T 2815 EAST 58TH KANSAS CITY MO 64132 KANSAS CITY MO US			30-3803		DO NOT WRITE IN THIS SPACE		
US					3, Date Incorporated or Qualified	3 SPACE	
					10/09/1987		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied F	or
n		26			44-0600165	Not Applic	cable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Addition	
City & State		City & State			 	Fee Required	
City of State	e	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25	29 30			Personal Property Tax due June 30.	Yes X No	,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	d Agent	
	CORPORATION SYSTEM		81	Name			
	O SOUTH PINE ISLAND ROAD		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PLA	INTATION FL 33324						
			83				
			84	City	F	85 Zip Code	
44 Overvoort	to the gradeline of Sections 507.05	02 and 607 1509 Elevida Statutos 1	bo obove	nomed corr	poration submits this statement for the purpose		torod
office or re	egistered agent, or both, in the State	e of Florida, Such change was auth	orized by	the corporat	tion's board of directors. I hereby accept the a	ppointment as registe	ered
agent. I ai	m familiar with, and accept the oblig	gations of, Section 607.0505, Florida	Statutes	\$.			
SIGNATURE	Signature, typed or printed name of registered ag	pent and tille it applicable (NOTE Re	pistered Age	nt signature regul	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	2
TITLE	PO	DELETE.	1,1 TITLE			Change A	ddition
NAME	LONG, ROBERT D.		1.2 NAME		•		
STREET ADDRESS	2815 E. 85TH]	1.3 STREET	ADDRESS			
CITY-ST-ZIP	The second secon		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change 🗀 Ad	ddition
HAME	LONG, MIKE B.		2.2 NAME				
STREET ADDRESS	2815 E. 85TH KANSAS CITY MO		23 STREET				
CITY-ST-ZIP TITLE	SID	DELETE	2.4 CITY-S	ST-ZIP		Change Ac	ddition
NAME	MITCHELL, JON	- · · · ·				പറത്തെ പ്ര	Spirite
STREET ADDRESS	2815 E. 85TH	İ	3.2 NAME 3.3 STREET	ADDRESS			
CITY-ST-ZIP	KANSAS CITY MO		3.4. CITY-5				
TITLE		DELETE	41 TITLE			☐ Change ☐ Ac	ddition
NAME		_	4.2 NAME	[·	
STREET ADDRESS		Ī	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	·	☐ DELETE	5.1 TITLE	1		Change A	ddition
NAME		1	5.2 NAME	}		•	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	IT-ZIP			4.2107
TITLE		DELETE	6.1 TITLE	İ		☐ Change ☐ Ac	ddition
NAME			6.2 NAME]			
STREET ADDRESS			63 STREET				
14. I bereby o	pertify that the information supplied	with this filing dose not qualify for th	6.4 CITY-S		Section 119,07(3)(i), Florida Statutes, I further	certify that the inform	allon
indicated	on this annual report or supplement	tal annual report is true and accurat	e and the	at my sìonatu	ire shall have the same legal effect as if made	under oath: that I am	an

SIGNATURE:

PS/DICTION PS/DICTION - 1/1/98 (816)363-1044