FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

DOCUMENT # P19383 (9) THE MEDVE GROUP, INC. Precipal Place of Business 130 8, HAMPFON 130 8, HAMPFON 130 8, HAMPFON 131 1, LOUIS NO 68139 3. Livel Incorporated or Qualified 3a. Date of Least Report 130 8, HAMPFON 130 8, HAMPFO	CORPC ANNUAL	OFIT DRATION L REPORT	FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF CO	Mortham of State		
THE MEDVE GROUP, INC. Principal Place of Business \$1.008 NAMPTON \$1.1008 NO 63139 2. Principal Place of Business \$2. Principal Place of Business \$3. Date in components or Qualified Jan. Date of Leaf Report Of John Most 1939 2. Principal Place of Business \$3. Date in components or Qualified Jan. Date of Leaf Report Of John Most 1939 2. Principal Place of Business \$3. Date of Components or Qualified Jan. Date of Leaf Report Of John Most 1939 2. Principal Place of Business \$3. Date of Components or Qualified Jan. Date of Leaf Report Of John Most 1939 2. Principal Place of Business \$3. Date of Components or Qualified Jan. Date of Leaf Report Of John Most 1939 2. Principal Place of Business \$3. Date of Components or Qualified Jan. Date of Leaf Report Of John Most 1939 2. Principal Place of Business \$3. Date of Components or Qualified Jan. Date of Leaf Report Of Report India Statutes \$4. Tell Number of Statute Date of Tender Statute Jan. Date of Leaf Report Of Report India Statutes \$5.00 Most 1939 2. Date of Components Jan. Date of Leaf Report Of Report India Statutes \$5.00 Most 1939 2. Date of Components Jan. Date of Leaf Report Of Report India Statutes \$5.00 Most 1939 3. Date of Components Jan. Date of Statute Date of Statutes Jan. Jan. Jan. Date of Statutes Jan. Jan. Jan. Jan. Date of Statutes Jan. Jan. Jan. Jan. Date of Statutes Jan. Jan. Jan. Jan. Jan. Jan. Jan. Date of Statutes Jan. Jan. Jan. Jan. Jan. Jan. Jan. Jan.	DOCUM	ENT # P193 8	»·	A STATE OF THE STA		
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1	3 ST. 1	Country	28 ST. LOUIS	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees printangible tax under s 199.032,
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301 84 City FL 85 Zip Coc or registered agont, or both, in the State of Hericia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont familiar with, and accept the obligations of, Section 677,050 and 607,1508. Fiscale Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agont familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale Statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale statutes are registered agont familiar with, and accept the obligations of, Section 677,050. Fiscale statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale statutes, familiar with, and accept the obligations of, Section 677,050. Fiscale statutes, familiar with, and accept the obligation of section 677,050. Fiscale statutes, familiar with, and familiar with and fa	4 63105-3	9. Name and Address of Curre	29 (0 3 10 5 ~ 3 6 5 3 3 nt Registered Agent			
11. Pursuant to the provisions of Sections 607,0502 and 807,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register or registered again with an analysis of the change was enthorized by the corporation's board of directors. I hereby accept the appointment as registered again familiar with in and accept the obligations of Section 607,0505, Horida Statutes. SIGNATURE Signature, lipted or presonance displaced again at a in all purpose. 12. OF FIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT INTE NAME MEDVE, JAKOB 1300 S. HAMPTON 13 SIRREL ADDRESS 1300 S. HAMPTON 13 SIRREL ADDRESS 1300 S. HAMPTON 13 SIRREL ADDRESS 1300 S. HAMPTON 22 INTE ST. LOUIS MO DELETE 21 INTE ST. LOUIS MO DELETE 3 TITLE 4 TITLE 5 TITLE 5 TITLE 6 TITLE 7 T	1201 HAY	YS STREET	SYSTEM, INC.	82 Street A	oddress (P.O. Box Number is Not Accept	RE Zin Code
1300 S. HAMPTON 1.3 SIREET ADDRESS ST. LOUIS MO	Sig 12. TiTLE	OFFICERS AF	ND DIRECTORS	13. 1 1 TITLE	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12 Change Addition
NAME	STREET ADDRESS CITY-ST-ZIP	1300 S. HAMPTON ST. LOUIS MO	FINGE	1.4 CHTY - \$T - ZIP	8251 MARYLAND, S ST LOUIS, MO!	<u> 23105-3053</u>
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CITY-S1-ZIP 5.4 CITY-S1-ZIP	NAME STREET ADDRESS			6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP		
14. I do hereby certify that the information supplied with this filling of voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I certify that the information indicated on this annual report of dipplemental annual report is true and accurate and that my signature shall have the same legal effect as if ma oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that m appears in Block 12 or Block 13 if chapted, or on an arthur ment with an address. SIGNATURE: p. The particle of the contraction o	14. I do hereby certify that I oath; that I appears in	the information indicated on this ar am an officer or director of the cor Block 12 or Block to it charged, c	d with this filling of voluntarily furnish mual report of supplemental annual poration or the receiver or trustee or on an attraction with an address		alfy for the exemption stated in Section to corrate and that my signature shall have to this report as required by Chapter 607	19.07(3)(k), Florida Statutes. I further the same legal effect as if made under , Florida Statutes; and that my name