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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P19383

1. Corporation Name

THE MEDVE GROUP, INC.

riled
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90072 016 ***150.00



Principal Place of Business Mailing Address 8251 MARYLAND 8251 MARYLAND SUITE 10 SUITE 10 DO NOT WRITE IN THIS SPACE ST LOUIS MO 63105-3653 ST LOUIS MO 63105-3653 3. Date incorporated or Qualifed US 05/25/1988 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 43-1174502 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #. etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State m Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE HALL CORPORATION SYSTEM. INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Addition Change Change ☐ DELETE 1.1 TITLE PTD TITLE MEDVE, JAKOB 1.2 NAME NAME 8251 MARYLAND SUITE 10 1.3 STREET ADORESS STREET ADDRESS ST. LOUIS MO 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME HESSEL. NANCY NAME 8251 MARYLAND SUITE 10 2.3 STREET ADDRESS STREET ADDRESS ST. LOUIS MO 2. 4 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME : gy is a 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME ... 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [Change ☐ Addition 5.1 TITLE ☐ DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 supplementary annual report is type and accurate and that my signature shall have the same legal effect as if made under dath; that I am an officer or director of the corporation of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Short 13 if chapted or only an allockment with an address with all other like empowered. ss, with all other like empowered Block 12 or Block 13 if changed, or 6

SIGNATURE:

SEQUIRJakob Medve, President 1/11/99

314-726-2000

CR2E034 (11/98)