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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996	V66. 185	DIVISION OF	CORPORATIONS				
DOCUM 1. Gorporation WEATH		P22838	(7)					
Principal Place o	of Business		Mailing Address			(1 0) 10) 1 010 1 0		#1911 B18(1 1891
	HARLES ROCK RD. 10 63044-2602		12119 ST. CHARLES F ST. LOUIS MO 63044-					
					3. Date Incorporated or Qualified 02/01/1989		e of Last Re 05/01/19	
2. Principal Plac	ce of Business	⊢	2a. Mailing Address		4. FEI Number		├ ─-∔-	oplied For
11			26		43-0925362			lot Applicable
Suite, Apt. #	, etc.	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired		•	Additional lequired
City & State			City & State		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip		untry	Zip	Country	8. This corporation has liability for	r intangible t		
24	25		29	[30]	F	s 🗌 No		
	9. Name and Ad	Idress of Current Re	egistered Agent	81 Name	10. Name and Address of New	Registered	Agent	
PRENTIC	CE HALL CORPO	RATION SYSTEM,	INC		In A Day Number to Not Assessed	able)		
	AYS STREET	intriore oronam,	1110.	82 Street Add	dress (P.O. Box Number is Not Accepta	anej		
				83				
SUITE 1	100							
	ASSEE FL 32301	i		R4 City			85 7ic	-Code I
TALLAH	ASSEE FL 32301		d 607.1508, Florida Statute Such change was authorize	es, the above-named corpored by the corporation's board	oration submits this statement for the pard of directors. I hereby accept the ap	FL urpose of ch pointment as	_ ' '	Code egistered office agent. I am
TALLAH 11. Pursuant to or registere familiar with SIGNATURE	assee FL 32301 the provisions of S ad agent, or both, in h, and accept the of	sections 607.0502 and the State of Florida. Soligations of, Section 6	rtie if applicanie. (NO	es, the above-named corpo ed by the corporation's boats.		Urpose of chipointment a	anging its resistered	egistered office agent I am
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certify 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:

Date Date** Dat

4-25-96 (314)291-1070
Date Dayline Prove #