

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30175 (4)
1. Corporation Name
MIZE, HOUSER & COMPANY, PROFESSIONAL ASSOCIATION



Principal Place of Business 534 S. KANSAS AVE., TOPEKA KS 66603	Mailing Address 534 S. KANSAS AVE., TOPEKA KS 66603-3406
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1990		3a. Date of Last Report 03/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 48-0882363		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RACHLIN & COHEN, CPA'S ATTN: RICHARD DRATH 1320 S DIXIE HWY, PENTHOUSE CORAL GABLES FL 33148				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHLINGER, ROBERT M.	1.2 NAME	
STREET ADDRESS	7111 FOUNTAINDALE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, KEITH L.	2.2 NAME	
STREET ADDRESS	6860 AYLESBURY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, THOMAS B	3.2 NAME	
STREET ADDRESS	22909 STATE LINE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND MO	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMES, TERRY J.	4.2 NAME	
STREET ADDRESS	3416 JARDINE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	4.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROESBECK, ALAN, W	5.2 NAME	
STREET ADDRESS	6027 SW 36TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, DUANE F	6.2 NAME	
STREET ADDRESS	1294 PEMBROKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS	6.4 CITY-ST-ZIP	

14. I do 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:  **3-26-97 913/233-0536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)