

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30961** (7)

1. Corporation Name
MET FARM AND RANCH PROPERTIES, INC.



Principal Place of Business Mailing Address
8717 WEST 110TH STREET SUITE 700 OVERLAND PARK KS 66210-2101

3. Date Incorporated or Qualified **08/14/1990** 3a. Date of Last Report **04/03/1995**
4. FEI Number **48-1044847** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature of officer or director of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEVEN D. CRAIG	
STREET ADDRESS	8717 WEST 110TH ST.,#700	
CITY- ST- ZIP	OVERLAND PARK KS	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SEGER, DANIEL J.	
STREET ADDRESS	8717 WEST 110TH ST.,#700	
CITY- ST- ZIP	OVERLAND PARK KS	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RASMUSSEN, LEO T.	
STREET ADDRESS	8717 WEST 110TH ST.,#700	
CITY- ST- ZIP	OVERLAND PARK KS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIGNEY, JAMES B.	
STREET ADDRESS	ONE MADISON AVE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, RICHARD C.	
STREET ADDRESS	11516 NICHOLAS STREET	
CITY- ST- ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOENIG, GERALD J.	
STREET ADDRESS	303 PERIMETER CENTR NORTH, SUITE 600	
CITY- ST- ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY- ST- ZIP		
2 1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Darrell J. Smith	
2 3 STREET ADDRESS		
2 4 CITY- ST- ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY- ST- ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY- ST- ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY- ST- ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Steven D. Craig* Secretary & Treasurer 2-13-96 661-2240 (913)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)