

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33561 (2)

1. Corporation Name
TRIP MATE INSURANCE AGENCY, INC.



Principal Place of Business 9225 WARD PKWY 2ND FLOOR KANSAS CITY MO 64114 US	Mailing Address 9225 WARD PARKWAY 2ND FLOOR KANSAS CITY MO 64114 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/12/1991	
4. FEI Number 44-1062722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FINKLE, BRADLEY G.	
STREET ADDRESS	12020 RUSSELL 2804 West 177th St.	
CITY-ST-ZIP	OVERLAND PARK KS Leawood, KS 66211	
TITLE	Asst. S	<input type="checkbox"/> DELETE
NAME	FINKLE, LINDA M.	
STREET ADDRESS	12020 RUSSELL 2804 West 117th St.	
CITY-ST-ZIP	OVERLAND PARK KS Leawood, KS 66211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marilyn Carp	
1.3 STREET ADDRESS	7019 Pheasant Cross Drive	
1.4 CITY-ST-ZIP	Baltimore MD 21209	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul C. Latchford	
2.3 STREET ADDRESS	517 Berrymans Lane	
2.4 CITY-ST-ZIP	Reisterstown, MD 21136	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martha Ann McConnell	
3.3 STREET ADDRESS	1214 Oak Croft Drive	
3.4 CITY-ST-ZIP	Lutherville, MD 21093	
4.1 TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Gerard Rekoski	
4.3 STREET ADDRESS	325 Stablers Church Road	
4.4 CITY-ST-ZIP	Parkton MD 21120	
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 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 _____

CR2E034 (10/97)