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

PROFIT CORPORATION ANNITAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

7,1,1,1	1997	4 4 7 7	CORPORATIONS	Secretary	y of State
	MENT # P3450 OUP OF IOWA, INC.	0 (9)			
					1111 111 111 111 111 111 111 111 111 1
Principal Piace	e of Business	Mailing Address			BABAT BABAT BABAT BABAT BABAT
506 NORTH THIRD FAIRFIELD IA 52556		505 NORTH THIRD FAIRFIELD IA 52556-2468			
PAINFIELU IA 3	2330	CHINITICED IN DESCUESTON			D. C.
				3. Date Incorporated or Qualified 3 06/27/1991	02/19/1996
·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc:	Suite, Apt. #, etc.		42-1344121	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for intal	
24	25	29	30	Florida Statutes Y	es No
DEO:	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Hegist	ered Agent
RECTOR, STEVEN J. 223 ATLANTIC AVE.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480				advects (10. box 110.110.7 to 110.7 to opposite)	
)			83		
			84 City		FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob- Signature, typica or printed name of registered		authorized by the corportorida Statutes. TE Registered Agent signature in	orporation submits this statement for the purp ration's board of directors. I hereby accept the	e appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	DVP	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	Gratzon, Fred 809 S. 2ND St.		1.2 NAME 1.3 STREET ADDRESS		
CITY - ST - ZIP	FAIRFIELD IA		1.4 CITY - ST - ZIP		
THLE	VCP	DELETE	2.1 TITLE		Change Addition
NAME	REES, CLIFF		2.2 NAME		
STREET ADORESS CITY-ST-ZIP	RR 1 BOX 325 FAIRFIELD IO		2.3 STREET ADDRESS 2 4 CITY-ST-ZIP		}
1/11/15	S	DELETE	31 TITLE		Change Addition
NAME	REES, CLIFF		3.2 NAME	•	
STREET ADDRESS	RR 1, BOX 325		3.3 STREET ADDRESS 3.4. City-St-zip		
CITY-ST-7IP TITLE	FAIRFIELD IO	DELETE	4.1 TITLE		Change Addition
NAME	GRATZON, FRED		4. 2 NAME		
STREET ADDRESS	809 S. 2ND ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FAIRFIELD IA	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		freed - was (+	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ł
CITY+S1+2IP		Dr. ext	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS			63 STREET ADDRESS		
CITY SI-ZIP			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:

FILED

Apr 16 1997 8:00am