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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P40202 (4)
 1. Corporation Name
WEBSTER CLOTHES, INC.



Principal Place of Business Mailing Address
501 NO BROADWAY ST. LOUIS MO 63102 US
PO BOX 14445 ST LOUIS MO 63178-4445 US

3. Date Incorporated or Qualified **08/26/1992** 3a. Date of Last Report **04/26/1996**
 4. FEI Number **52-0557378** 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
**THE PRENTICE-HALL CORPORATION SYSTEM INC
 1201 HAYES STREET
 STE - 105
 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 **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 principal or previous or current registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, ALAN	
STREET ADDRESS	501 N BROADWAY	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCAIN, THOMAS K.	
STREET ADDRESS	12707 CORUM WAY DRIVE	
CITY - ST - ZIP	CREVE COEUR MO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SACHS, ALAN A.	
STREET ADDRESS	7422 WILLINGTON WAY	
CITY - ST - ZIP	CLAYTON MO	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	COOPER, DAVID	
STREET ADDRESS	501 N BROADWAY	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, ANDREW	
STREET ADDRESS	#5 DROMARA RD	
CITY - ST - ZIP	S.T LOUIS MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 checked="" type="checkbox"/> Addition
6.2 NAME	UD KARL MICHAEL
6.3 STREET ADDRESS	501 N BROADWAY
6.4 CITY - ST - ZIP	ST LOUIS MO 63102

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: *Thomas McCain* DATE: *4/15/97* DAYTIME PHONE: *314 331 7528*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)