

**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 # **P94000039354 (3)**

1. Corporation Name

**HOK SPORTS FACILITIES GROUP, INC.**



Principal Place of Business

323 WEST 8TH ST.  
KANSAS CITY MO 64105

Mailing Address

211 NO. BROADWAY  
STE. #600  
ST. LOUIS MO 63102

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

03/20/1995

4. FEI Number

43-1705779

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 fee (Applicable)

(NOTE: Registered Agent's separate address must be provided)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SINCOFF, JEROME J  
STREET ADDRESS 211 NORTH BROADWAY  
CITY-STATE-ZIP ST. LOUIS MO 63102  DELETE

TITLE VD  
NAME LABINSKY, RONALD J  
STREET ADDRESS 323 W. 8TH STREET  
CITY-STATE-ZIP KANSAS CITY MO 64105  DELETE

TITLE VD  
NAME CHANDLER, RAYMOND  
STREET ADDRESS 323 W. 8TH STREET  
CITY-STATE-ZIP KANSAS CITY MO 64105  DELETE

TITLE ST  
NAME WATSON, PAUL L  
STREET ADDRESS 211 NO BROADWAY STE. #600  
CITY-STATE-ZIP ST. LOUIS MO 63102  DELETE

TITLE AS  
NAME STAED, ROBERT E JR  
STREET ADDRESS 211 NO. BROADWAY STE. #600  
CITY-STATE-ZIP ST. LOUIS MO 63102  DELETE

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE  Change  Addition  
22 NAME Ronald J. Labinski

23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  Change  Addition  
32 NAME

33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  Change  Addition  
42 NAME

43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  Change  Addition  
52 NAME

53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  Change  Addition  
62 NAME

63 STREET ADDRESS  
64 CITY-STATE-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)(c), 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, changed, or on an attachment with an address.

SIGNATURE:

*Robert S Staed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(314)421 2000

Date

Daytime Phone #

CR2E034 (12/95)