

**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. FEE 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

XX 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  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME

Ronald J. Labinski

XX Change  Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME

Change  Addition

3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME

Change  Addition

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME

Change  Addition

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME

Change  Addition

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)(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)