

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	<input type="checkbox"/> DELETE
NAME	SINCOFF, JEROME J	
STREET ADDRESS	211 NORTH BROADWAY	
CITY- ST- ZIP	ST. LOUIS MO 63102	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LABINSKY, RONALD J	
STREET ADDRESS	323 W. 8TH STREET	
CITY- ST- ZIP	KANSAS CITY MO 64105	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHANDLER, RAYMOND	
STREET ADDRESS	323 W. 8TH STREET	
CITY- ST- ZIP	KANSAS CITY MO 64105	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WATSON, PAUL L	
STREET ADDRESS	211 NO BROADWAY STE. #600	
CITY- ST- ZIP	ST. LOUIS MO 63102	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STAED, ROBERT E JR	
STREET ADDRESS	211 NO. BROADWAY STE. #600	
CITY- ST- ZIP	ST. LOUIS MO 63102	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ronald J. Labinski
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 type="checkbox"/> Addition
6.2 NAME	
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)