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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 # 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. #800
ST. LOUIS MO 63102-2733**

3. Date Incorporated or Qualified: **05/25/1994**
3a. Date of Last Report: **04/08/1996**
4. FEI Number: **43-1705779**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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: _____ (NOTE: Registered Agent signature required when reinstating) 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. #800	
CITY - ST - ZIP	ST. LOUIS MO 63102	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STAED, ROBERT E JR	
STREET ADDRESS	211 NO. BROADWAY STE. #800	
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 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 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 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: **Robert E. Staed Jr.** **ROBERT E. STAED JR.** **4/21/99** **(21) 421-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)