

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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. #600 ST. LOUIS MO 63102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/25/1994**  
 4. FEI Number: **43-1705779**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
 10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINCOFF, JEROME J</b>	1.2 NAME	
STREET ADDRESS	<b>211 NORTH BROADWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63102</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LABINSKY, RONALD J</b>	2.2 NAME	
STREET ADDRESS	<b>323 W. 8TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KANSAS CITY MO 64105</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANDLER, RAYMOND</b>	3.2 NAME	
STREET ADDRESS	<b>323 W. 8TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KANSAS CITY MO 64105</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, PAUL L</b>	4.2 NAME	
STREET ADDRESS	<b>211 NO BROADWAY STE. #600</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63102</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAED, ROBERT E JR</b>	5.2 NAME	
STREET ADDRESS	<b>211 NO. BROADWAY STE. #600</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63102</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ DATE: **4/20/98** (20) 4217000

CR2E034 (10/97)