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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000039354**1. Corporation Name

HOK SPORTS FACILITIES GROUP, INC.

			-	_				
Principal Place	Mailing Address	ess						
23 WEST 8TH	ST.	211 NO. BROADWAY	1 NO. BROADWAY					
(ANSAS CITY MO 64105		STE. #600			DO NOT WRITE IN TH	HE COACE		
		ST. LOUIS MO 63102				113 SPACE		
					_,	3. Date Incorporated or Qualifed 05/25/1994		
Principal Place of Business     2a. Mailing Address						4. FEI Number		Applied For
26		26				43-1705779		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
27								Required
City & State		City & State				6. Election Campaign Financing		May Be
3		28				Trust Fund Contribution		ed to Fees
		Ь ' —	Country			8. This corporation owes the current year	_	□No
4	25	29 30	_			Personal Property Tax.  10. Name and Address of New Registers	∐ Yes	
	9. Name and Address of Curren	it Registered Agent	81	Na	me	10. Name and Address of New Register	en Afferir	
CT CORPORATION SYSTEM			-			(D.O. Day Number in Net Acceptable)		
	S. PINE ISLAND ROAD			82 Street Addi		ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83					
			84	Cit	v		. 85 Z	ip Code
property of the party of the second					•			
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author:	zea ov	the (	ned corpo corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE		ANOTE: Project	red Age	nt sings	ture manifed	when reinstating) DATE	<del></del>	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS		13.		- required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	PD	10:1110 0::120:10/10		1.1 TITLE			☐ Chang	
NAME	SINCOFF, JEROME J	1.13	2 NAME					İ
STREET ADDRESS	211 NORTH BROADWAY	1.	1.3 STREET ADDRESS		ESS	·		
	ST. LOUIS MO 63102			1.4 CITY-ST-ZIP				
TITLE	VD		2.1 TITLE				☐ Chane	ge Addition
NAME .	LABINSKY, RONALD J		2.2 NAME					
STREET ADDRESS	ACC IN OTH CEDEET	i i		2.3 STREET ADDRESS				
	KANSAS CITY MO 64105			ST-ZIP				
TITLE	VD		3.1 TITLE				☐ Chan	ge
NAME	CHANDLER, RAYMOND	3.	3.2 NAME		İ			
STREET ADORESS		L	3.3 STREE		RESS			ļ
CITY-ST-ZIP	KANSAS CITY MO 64105			ST-ZIP				Ļ
TITLE	ST		4.1 TITLE				☐ Chan	ge 🔲 Addition
NAME	WATSON, PAUL L	4.	4. 2 NAME		j			}
STREET ADDRESS	ALL NO PROLEMAN OFF HOS		3 STREE		RESS			1
CITY-ST-ZIP	ST. LOUIS MO 63102		4 CITY-5					
TITLE	AS		1 TITLE	- 1 211			Chan	ge Addition
NAME	STAED, ROBERT E JR		2 NAME					}
STREET ADDRESS	CALLED DECARRAN OFF MOOD		3 STREE	T ADDI	ESS			ľ
CITY-ST-ZIP			4 CITY-5	ST-ZIP				
TITLE		DELETE 6.	1 TITLE				Chan	ge 🔲 Addition
			2 414 645		- 1			\ \

6.3 STREET ADDRESS

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 suppliemental 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

(314) 421-2000

**FILED** 

May 05, 1999 8:00 am Secretary of State

05-05-1999 90073 006 \*\*\*150.00

Daytime Phone #

= :::

= :::

= 33