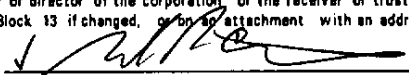


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

| CORPORATION ANNUAL REPORT 1996 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|
| DOCUMENT # LISTMART OF FLORIDA, INC. | | | |
| 1. Corporation Name P94 0500 82079 | | | |
| Principal Place of Business 2000 SHAWNEE MISSION 1900 ALAQUA DR. LONGWOOD, FL 32779 | | Mailing Address 2000 SHAWNEE MISSION PARKWAY, SUITE 235 SHAWNEE MISSION, KS. 66205 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 3. Date Incorporated or Qualified 11/09/1994 4. FEI Number 59-3278215 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent DOUGLAS S. HACKETT 1900 ALAQUA DRIVE LONGWOOD, FL 32779 | | 10. Name and Address of New Registered Agent 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 (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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP D MARK R. COULTER 2000 SHAWNEE MISSION PKWY, ST. 235 SHAWNEE MISSION, KS 66205-3601 | | 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP D DOUGLAS S. HACKETT 1900 ALAQUA DRIVE LONGWOOD, FL 32779 | | 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP Change Addition | |
| 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 118.07(3)(k), 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 by attachment with an address. | | | |
| SIGNATURE:  | | 14/12/96 1912/236-6889 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |