

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moftam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 20 1997 8:00am  
Secretary of State

DOCUMENT # P96000021055 (4)

1. Corporation Name

CCT - COCONUT GROVE, INC.



Principal Place of Business

2892 MCFARLANE ROAD  
MIAMI FL 33133

Mailing Address

C/O ROBERT E. LASTELIC  
~~9500 NALL AVE SUITE 401~~  
~~OVERLAND PARK KS 66207-2981~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 7678 Groves Rd

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30 34109

3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

4. FEI Number

650650690

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Pres

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres

1.2 NAME Samuels, Richard J., Jr.

1.3 STREET ADDRESS 8103 Halsey

1.4 CITY-ST-ZIP Lenexa, KS 66215

2.1 TITLE VP/ Treas

2.2 NAME JOE R. Polo

2.3 STREET ADDRESS 7678 Groves Rd

2.4 CITY-ST-ZIP Naples, FL 34109

3.1 TITLE Sect

3.2 NAME Robert E. Lastelic

3.3 STREET ADDRESS 9500 Nall, Suite 401

3.4 CITY-ST-ZIP Overland Park, KS 66207

4.1 TITLE Dir.

4.2 NAME W John Gasawski

4.3 STREET ADDRESS 8101 LOWBRUK

4.4 CITY-ST-ZIP Naples, FL 34109

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

4 16.97

CR2E034 (9/96)