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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place 12685 DORSE STE 317 MARYLAND H US	e of Busines	AS ENGINEE s 63043	RS, INC.	Mailing Address 12685 DORSETT RD STE 317 MARYLAND HEIGHTS MO 63043 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1996		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 59-3389425	— -	pplied For
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						ot Applicable Additional
22				27				5. Certificate of Status Desired	•	equired
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be
23				28				Trust Fund Contribution Added to Fees		
Zip	Country 25			Zip Country			'	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24 25 29 33 9. Name and Address of Current Registered Agent						<u> </u>		10. Name and Address of New Registere		7 1/0
REI	ED, CHARL					81	Name			
1202 C W CENTRAL BLVD						82	Street Ade	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32805							Street Add	dress (F.O. Box Number is Not Acceptable)		
						83				
						84	City		85 Zip	Code
11 Pursuant to the provisions of Sections 607/0007 and 607 4000 Elevide Statutes the						the above	named cor	reporting submits this statement for the purpose		te registered
office or r agent. I a	egistered ag m lamiliar wi	pent, or both, in t th, and accept t	ne State of Flor ne obligations of	ida Such chang of Section 607,	ge was au 0505, Flori	thorized by da Statute:	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	opointment as	registered
SIGNATURE	Signature typed	or proted name of reg	stered agent and till	ic d'applicable	(NOTE: F	Registered Agr	ent signature requ	uired when reinstating) DATE		
12.		OFFIC	RS AND DIRE			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	P	NIADI EO E		□ DE	LETE	1.1 TITLE			Change	Addition
NAME	REED, CHARLES F 12853 SUGARWOOD TRAIL					1.2 NAME				
STREET ADDRESS	CHECTEDEIE! O NO				1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	OFICOTE	.NI ILLU MO		DE	FTF	1.4 CHTY-S 2.1 TITLE	IT-ZIP		Change	Addition
NAME				[] VL	LLIL	2.2 NAME	1		Unange	
STREET ADDRESS						2.3 STREET	ADDRESS			
CITY-ST-ZIP						2. 4 CITY-	•	•		
TITLE				☐ DE	LETE	3.1 TITLE			Change	Addition
NAME						3.2 NAME				1
STREET ADDRESS						3.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	_ _					3.4. CITY-	ST-ZIP			
TITLE				☐ DE	LETE	4.1 THILE	-		Change	☐ Addition
NAME						4. 2 NAME				1
STREET ADDRESS						4.3 STREET				
CITY-ST-ZIP				DE	ETE	4.4 CITY - S	T-ZIP		☐ Change	Addition
TITLE NAME				[] DE	LLIL	5.1 TITLE 5.2 NAME			□ ouenile	☐ V00:001
STREET ADDRESS						5.2 NAME 5.3 STREET	ADORESS			
CITY-ST-ZIP						5.4 CITY - S				1
TITLE				DE	LETE	61 TITLE	. 211		Change	Addition
NAME						62 NAME			· •	
STREET ADDRESS	i					63 STREET	ADDRESS			
CITY-ST-ZIP	,					6.4 CITY - S				

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 armual 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:

4/30/98

(314)880-9999

FILED

May 14 1998 8:00am

Secretary of State