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

**PROFIT CORPORATION** ANNUAL REPORT

**1998** 



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

P97000014154 (3)

MISSOURI TRADING COMPANY

Principal Plac	e of Business	Mailing Address				11911 B)681 11881 81(H B181 1881
1440 CORAL RIDGE DR SUITE 192 CORAL SPRINGS FL 33071		1440 CORAL RIDGE DR SUITE 192 CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS	SPACE
OURAL SPE	1895 FL 33071	COMML SPHINGS	FL 330/1		3. Date Incorporated or Qualified	TO AGE
					02/10/1997	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip <b>29</b>	Cou 30	ntry	8. This corporation owes or has paid the cu	rrent year Intangible
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent
ANDERSON, ROBERT T 1440 CORAL RIDGE DR SUITE 192				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071				63		
				84 City	FL	85 Zip Code
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0 <b>50</b>	5, Florida Stat	utes. 	orporation submits this statement for the purpose cretion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
	Signature, typed or printed name of registered a	gent and title if applicable.  ND DIRECTORS	(NOTE: Registered	Agent signature rec	Quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 10
12.	OFFICERS AI	DELETE		15 5 4		Change Addition
NAME			12 NA	7-1	Robert T. Anderson	
1				t t	President	١
STREET ADORESS			- 4	REET ADDRESS	8018 N'M' 100 MA	ry
CITY-ST-ZIP TITLE		DELETE		Y-ST-ZIP	FOR SOFTWARE THE	Change X Addition
NAME		المام الم	2.1 UE	•		<b>-</b> · -
STREET ADDRESS				REET ADDRESS	Edward Wollrab 135 Pennsylvania	Aur Sk 139
	ls .			1.4	DISTRIBUTE TO GO	2137
CITY-ST-ZIP	<del></del>	DELETE		TY-ST-ZIP	vice President	☐ Change ★ Addition
NAME			3.2 NA	زر ا	SATHLEEN JOHNSON	- · -
STREET ADDRESS				•	5030(61-206 Chamy	CON BIND
CITY-ST-ZIP				TY-ST-ZIP	RATIO E	3071
TITLE		DELETE			DOCA HATILY, I'L -	☐ Change ☐ Addition
NAME		Ditterit	7.1111		•	
STREET ADDRESS			A S NA	ME Í		Į.
			4. 2 NA	ŀ		
			4.3 STI	REET ADDRESS		
CITY-ST-ZIP		DELFTE	4.3 STI 4.4 CIT	REET ADDRESS Y-ST-ZIP		Change Addition
		☐ DELETE	4.3 STI 4.4 CII	REET ADDRESS Y-ST-ZIP LE		Change Addition

14. I hereby certify that the information supplied with this filling 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.

53 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

Change

Addition

**FILED** 

Apr 03 1998 8:00am

Secretary of State