

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003293 (6)

1. Corporation Name

RACE ROCK INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**501 NORTH BROADWAY
ST. LOUIS MO 63102**

**501 NORTH BROADWAY
ST. LOUIS MO 63102**

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

43-1713468

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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEWMAN, ANDREW E	
STREET ADDRESS	501 NORTH BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EDISON, PETER A	
STREET ADDRESS	501 NORTH BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SACHS, ALAN A	
STREET ADDRESS	501 NORTH BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, DAVID B JR	
STREET ADDRESS	501 NORTH BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ALAN D	
STREET ADDRESS	501 NORTH BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNEIDER, MARTIN	
STREET ADDRESS	501 NORTH BROADWAY	
CITY-ST-ZIP	ST. LOUIS MO 63102	

1.1 TITLE	President and Director, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moore, Robert B.	
1.3 STREET ADDRESS	501 North Broadway	
1.4 CITY-ST-ZIP	St. Louis, MO 63102	
2.1 TITLE	Treasurer and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Newman, Andrew E.	
2.3 STREET ADDRESS	501 North Broadway	
2.4 CITY-ST-ZIP	St. Louis, MO 63102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew E. Newman
Andrew E. Newman

DATE

4/28/96

314 231-7511

Daytime Phone #

CR2E034 (12/95)