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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000005191

1. Corporation Name
KORTE DESIGN, INC.



Principal Place of Business 700 ST. LOUIS UNION STATION, STE. 200 ST. LOUIS MO 63103	Mailing Address 700 ST. LOUIS UNION STATION, STE. 200 ST. LOUIS MO 63103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1997	
21	22	26	27	4. FEI Number 37-1028952	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip		Country		Zip	

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				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREngle, JOHN M		1.2 NAME		
STREET ADDRESS	700 ST. LOUIS UNION STATION, STE. 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63103		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEUHAUS, RICK A		2.2 NAME		
STREET ADDRESS	12441 US HWY. 40		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND IL 62249		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORTE, RALPH A		3.2 NAME		
STREET ADDRESS	700 ST. LOUIS UNION STATION, STE. 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63103		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLTGRAVE, DAVID H		4.2 NAME		
STREET ADDRESS	12441 US HWY. 40		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND IL 62249		4.4 CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOUDOURIS, WILLIAM D		5.2 NAME		
STREET ADDRESS	12441 US HWY. 40		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND IL 62249		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRINTER, MARK		6.2 NAME		
STREET ADDRESS	12441 US HWY. 40		6.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND IL 62249		6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: William D. Boudouris V.P. 2/12/99 (618)-654-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)