

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G60022** (2)

1. Corporation Name  
**KNAPP REALTY COMPANY**



Principal Place of Business: **5000 WESTON PKWY, 100, WEST DES MOINES IA 50266, US**  
Mailing Address: **5000 WESTON PKWY, 100, WEST DES MOINES IA 50266, US**

2. Principal Place of Business: **21 5000 WESTOWN PARKWAY, Suite, Apt. #, etc.**  
**22 SUITE 100, City & State**  
**23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26 5000 WESTOWN PARKWAY, Suite, Apt. #, etc.**  
**27 SUITE 100, City & State**  
**28**  
Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **09/19/1983**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2347006**  
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

**HARDT, FREDERICK R.  
801 LAUREL OAK DRIVE  
SUITE 705, SUN BANK BLDG.  
NAPLES FL 33963**

**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

2091 Registered Agent signature required when in state

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1. TITLE	XXX Change <input type="checkbox"/> Addition
NAME	KNAPP, PAUL R.	12. NAME	
STREET ADDRESS	3501 WESTOWN PKWY	13. STREET ADDRESS	
CITY-STATE-ZIP	W DES MOINES IA	14. CITY-STATE-ZIP	50266
TITLE	SD	2. TITLE	XXX Change <input type="checkbox"/> Addition
NAME	KNAPP, WILLIAM C, II	22. NAME	
STREET ADDRESS	6000 WESTOWN PKWY - STE 200W	23. STREET ADDRESS	4949 WESTOWN PARKWAY - SUITE 245
CITY-STATE-ZIP	W DES MOINES IA	24. CITY-STATE-ZIP	50266
TITLE	S	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDT, FREDERICK R	32. NAME	
STREET ADDRESS	400 5TH AVE S	33. STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL	34. CITY-STATE-ZIP	
TITLE	TD	4. TITLE	XXX Change <input type="checkbox"/> Addition
NAME	NEUMANN, DARYL	42. NAME	
STREET ADDRESS	5000 WESTON PKWY, SUITE 100	43. STREET ADDRESS	5000 WESTOWN PARKWAY - SUITE 100
CITY-STATE-ZIP	WEST DES MOINES IA	44. CITY-STATE-ZIP	50266
TITLE	PD	5. TITLE	XXX Change <input type="checkbox"/> Addition
NAME	KNAPP, WILLIAM C.	52. NAME	
STREET ADDRESS	5000 WESTON PKWY, SUITE 100	53. STREET ADDRESS	5000 WESTOWN PARKWAY - SUITE 100
CITY-STATE-ZIP	WEST DES MOINES IA	54. CITY-STATE-ZIP	50266
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 REGISTERING OFFICER OR DIRECTOR  
WILLIAM C. KNAPP, SECRETARY

3-27-96 (515) 223-4000

CR2E034 (12/95)