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**Apr 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 WESTOWN PARKWAY SUITE 100 WEST DES MOINES IA 50266 US

Mailing Address
5000 WESTON PKWY SUITE 100 WEST DES MOINES IA 50266-5921 US

3. Date Incorporated or Qualified **09/19/1983** 3a. Date of Last Report **04/02/1996**

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

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KNAPP, PAUL R.	
STREET ADDRESS	3501 WESTOWN PKWY	
CITY-ST-ZIP	W DES MOINES IA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KNAPP, WILLIAM C, II	
STREET ADDRESS	4949 WESTON PARKWAY SUITE 245	
CITY-ST-ZIP	W DES MOINES IA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARDT, FREDERICK R	
STREET ADDRESS	400 5TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEUMANN, DARYL	
STREET ADDRESS	5000 WESTOWN PKWY SUITE 100	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNAPP, WILLIAM C.	
STREET ADDRESS	5000 WESTOWN PARKWAY SUITE 100	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	699 Walnut Street - Suite 1700
2.4 CITY-ST-ZIP	Des Moines, IA 50309-3945
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *William C. Knapp* 3/19/97 515/283-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)