

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 # **811158** (5)

1. Corporation Name
ESPERO ENERGY CORPORATION



Principal Place of Business: 1020 NE LOOP 410, SUITE 330, SAN ANTONIO TX 78209
Mailing Address: 1020 NE LOOP 410, SUITE 330, SAN ANTONIO TX 78209

3. Date Incorporated or Qualified 07/12/1956	3a. Date of Last Report 07/25/1995
4. FEI Number 64-0345250	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 407 N. Big Spring State, Apt. #, etc. 22. Suite 300 City & State 23. Midland, TX Zip 24. 79701 Country 25. USA	2a. Mailing Address 26. P. O. Drawer 11390 State, Apt. #, etc. 27. Midland, TX City & State 28. Midland, TX Zip 29. 79702 Country 30. USA
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.007(2) 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 607.005, Florida Statutes.

SIGNATURE: _____ NAME OF REGISTERED AGENT: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP	PD GILLILAND, KIP 1020 NE LOOP 410, SUITE 330 SAN ANTONIO TX V	<input checked="" type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP
15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-STATE-ZIP	V BROOKSHER, ROBERT R 1020 NE LOOP 410, SUITE 330 SAN ANTONIO TX	<input checked="" type="checkbox"/> DELETE	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-STATE-ZIP
19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-STATE-ZIP	TSD GILLILAND, LUKIN 1020 NE LOOP 410, SUITE 330 SAN ANTONIO TX	<input checked="" type="checkbox"/> DELETE	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-STATE-ZIP
23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY-STATE-ZIP	D ADGER, JOHN 1020 NE LOOP 410, SUITE 330 SAN ANTONIO TX	<input checked="" type="checkbox"/> DELETE	23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY-STATE-ZIP
27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY-STATE-ZIP	D TAYLOR, CURT 1020 NE LOOP 410, SUITE 330 SAN ANTONIO TX	<input checked="" type="checkbox"/> DELETE	27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY-STATE-ZIP
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-STATE-ZIP	D WHITNEY, DAVID R 1020 N.E. LOOP 410, STE. 330 SAN ANTONIO TX	<input checked="" type="checkbox"/> DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-STATE-ZIP
35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY-STATE-ZIP			35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY-STATE-ZIP
39. TITLE 40. NAME 41. STREET ADDRESS 42. CITY-STATE-ZIP			39. TITLE 40. NAME 41. STREET ADDRESS 42. CITY-STATE-ZIP
43. TITLE 44. NAME 45. STREET ADDRESS 46. CITY-STATE-ZIP			43. TITLE 44. NAME 45. STREET ADDRESS 46. CITY-STATE-ZIP
47. TITLE 48. NAME 49. STREET ADDRESS 50. CITY-STATE-ZIP			47. TITLE 48. NAME 49. STREET ADDRESS 50. CITY-STATE-ZIP
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-STATE-ZIP			51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-STATE-ZIP
55. TITLE 56. NAME 57. STREET ADDRESS 58. CITY-STATE-ZIP			55. TITLE 56. NAME 57. STREET ADDRESS 58. CITY-STATE-ZIP
59. TITLE 60. NAME 61. STREET ADDRESS 62. CITY-STATE-ZIP			59. TITLE 60. NAME 61. STREET ADDRESS 62. CITY-STATE-ZIP
63. TITLE 64. NAME 65. STREET ADDRESS 66. CITY-STATE-ZIP			63. TITLE 64. NAME 65. STREET ADDRESS 66. CITY-STATE-ZIP
67. TITLE 68. NAME 69. STREET ADDRESS 70. CITY-STATE-ZIP			67. TITLE 68. NAME 69. STREET ADDRESS 70. 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)(g), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or its 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 of this report, or on an attached form with an address.

SIGNATURE: *Bill E. Coggin* 1/23/96 915/686 9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Bill E. Coggin, Vice-President

CR2E034 (12/95)