

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F92000000543 (0)

1. Corporation Name  
**KBGP, INC.**



Principal Place of Business: C/O SHERATON ASTRODOME HOTEL/ATN: HARTER 8686 KIRBY DRIVE HOUSTON TX 77054  
Mailing Address: C/O SHERATON ASTRODOME HOTEL/ATN: HARTER 8686 KIRBY DRIVE. SUITE 4210 HOUSTON TX 77054 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 12/04/1992  
3a. Date of Last Report: 03/20/1995  
4. FEI Number: 76-0382941  
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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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 registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TROTTER, JACK T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRST INTERSTATE BANK PLAZA, SUITE 3800	1.2 NAME	
STREET ADDRESS	HOUSTON TX 77002	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD HARTER, ROBERT G	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8686 KIRBY DRIVE, #1210	2.2 NAME	
STREET ADDRESS	HOUSTON TX	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V GUNN, NEAL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8686 KIRBY DRIVE, #1210	3.2 NAME	
STREET ADDRESS	HOUSTON TX	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	AS LYNCH, DAVID L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8686 KIRBY DRIVE, SUITE 1210	4.2 NAME	
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V KRIZ, DONALD R	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8686 KIRBY DRIVE, #1210	5.2 NAME	
STREET ADDRESS	HOUSTON TX	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	V KELLER, GARY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8686 KIRBY DRIVE, #1210	6.2 NAME	
STREET ADDRESS	HOUSTON TX	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert G. Harter* ROBERT G. HARTER 6/15/96 (713) 795-8490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

CR2E034 (3/96)