

FILED

May 06 1997 8:00am

Secretary of State

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

CORPORATION ANNUAL REPORT 1995 7



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathur
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 1210 HOUSTON TX 77054 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21
2a. Mailing Address: 26
3. Date of Report: 22
4. City & State: 27
5. Zip: 24
6. Country: 25
7. City & State: 29
8. Country: 30

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report
4. FEI Number: 76-0382941
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Carryover (including Trust Fund Contribution): [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 192.002, Florida Statutes: [] Yes [X] 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 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 607.0512 and 607.1500, 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 607.1500, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & ASST. SEC
NAME	DAVID LYNCH
STREET ADDRESS	8686 KIRBY DR., HOUSTON, TX
CITY, ST, ZIP	HOUSTON TX 77054
TITLE	VP & SEC
NAME	ILIA SCRIVEN
STREET ADDRESS	8686 KIRBY DR, HOUSTON, TX
CITY, ST, ZIP	HOUSTON TX 77054
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

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***165.00

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and that I do not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that this information is true and accurate and that my signature shall have the same legal effect as if made in person. I am familiar with and accept the obligations of Section 607.1500, Florida Statutes, and the my name appears in Section 607.1500, Florida Statutes.

SIGNATURE *A. E. Chuffato*

4/29/97 407-839-3330