

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F94000003696 (1)**

1. Corporation Name  
**AEGIS INVESTOR SERVICES CORP.**



Principal Place of Business: **6300 FOREST PARK RD. SUITE 1139 DALLAS TX 75235**  
Mailing Address: **6300 FOREST PARK RD. SUITE 1139 DALLAS TX 75235**

2. Principal Place of Business	2a. Mailing Address
21 <b>5950 Berkshire Lane</b>	26 <b>5950 Berkshire Lane</b>
22 <b>1000</b>	27 <b>1000</b>
23 <b>Dallas TX</b>	28 <b>Dallas TX</b>
24 <b>75225</b>	29 <b>75225</b>
25 <b>USA</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>07/14/1994</b>	3a. Date of Last Report <b>03/28/1995</b>
4. FEI Number <b>75-2505944</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GARY, JOHN W III  
701 U.S. ONE  
SUITE 402  
NORTH PALM BEACH FL 33408**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director

Signature typed or printed name of new registered agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, EDWARD R</b>	1.2 NAME	
STREET ADDRESS	<b>6300 FOREST PARK RD.</b>	1.3 STREET ADDRESS	<b>5950 Berkshire Lane, # 1000</b>
CITY - ST - ZIP	<b>DALLAS TX 75235</b>	1.4 CITY - ST - ZIP	<b>Dallas, TX 75225</b>
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCAULEY, HERBERT J</b>	2.2 NAME	
STREET ADDRESS	<b>6300 FOREST PARK RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DALLAS TX 75235</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREITH, CLAYTON D</b>	3.2 NAME	
STREET ADDRESS	<b>6300 FOREST PARK RD.</b>	3.3 STREET ADDRESS	<b>5950 Berkshire Lane, # 1000</b>
CITY - ST - ZIP	<b>DALLAS TX 75235</b>	3.4 CITY - ST - ZIP	<b>Dallas, TX 75225</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ed Lyons* ED LYONS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96 214-369-0613  
Date Date of Filing

CR2E034 (12/95)