

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90082 005 \*\*\*150.00

0559853

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F98000004722**

1. Corporation Name  
**ASGARD GROUP OF TEXAS, INC.**



Principal Place of Business 5757 ROCKPORT LN. FT. WORTH TX 76137 950 Gemini Ave. Ste. 6 Houston TX 77058		Mailing Address 5757 ROCKPORT LN. FT. WORTH TX 76137 950 Gemini Ave. Ste. 6 Houston TX 77058	
2. Principal Place of Business 21 950 Gemini Ave	2a. Mailing Address 26 950 Gemini Ave. Ste 6	22 Suite, Apt. #, etc. 22 Suite 6	27 Suite, Apt. #, etc. 27 Suite 6
23 City & State Houston, TX	28 City & State Houston TX	24 Zip 77058	30 Country USA
25 Country USA	29 Zip 77058	31 Country USA	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/18/1998**

4. FEI Number  
**76-0494391**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**DAY, CHRISTOPHER**  
11433 N.E. 6TH AVE.  
BISCAYNE PARK FL 33161

10. Name and Address of New Registered Agent

81 Name *[Signature]*

82 Street Address (P.O. Box Number is Not Acceptable)  
*[Signature]*

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 *[Signature]* DATE **5/1/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, LARRY	1.2 NAME	
STREET ADDRESS	4015 QUIET KNOLL CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77059	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, CHRISTOPHER	2.2 NAME	
STREET ADDRESS	11433 N.E. 6TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, JON	3.2 NAME	
STREET ADDRESS	5757 ROCKPORT LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76137	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* STD 5/1/99 281-286-7255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)