

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

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H26133 (9)**  
 1. Corporation Name  
**PEBBLE CREEK COUNTRY CLUB CORPORATION**



Principal Place of Business <b>2929 ALLEN PARKWAY                  STE A36-01                  HOUSTON TX 77019-2155                  US</b>	Mailing Address <b>PO BOX 3247                  STE A36-01                  HOUSTON TX 77253</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>10/18/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2478291</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 S. 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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KUPSTAS, LAWRENCE</b>
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77019-2155</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FIELD, STEPHEN H</b>
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77019-2155</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ROWLETT, JOHN C</b>
STREET ADDRESS	<b>3505 FRONTAGE RD. STE 145</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KENDALL, JOY A</b>
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77019-2155</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GERLACH, OTTO B III</b>
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77019-2155</b>
TITLE	<b>TO</b> <input type="checkbox"/> DELETE
NAME	<b>SELLERS, KIMBERLY C</b>
STREET ADDRESS	<b>2929 ALLEN PARKWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77019-2155</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T Jamileh B. Soufan</b>
4.3 STREET ADDRESS	<b>2929 Allen Parkway</b>
4.4 CITY-ST-ZIP	<b>Houston, TX 77019-2155</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **REQUIRED** 4/18/97 (713) 522-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Otto B Gerlach III, Secretary** 0526180

CR2E034 (9/96)