

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

FILED

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

**PROFIT,
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # S10085 (6)
1. Corporation Name
PEBBLE CREEK DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
**2929 ALLEN PKWY
A36-01
HOUSTON TX 77019-2155
US** **PO BOX 3247
A36-01
HOUSTON TX 77283
US**

3. Date Incorporated or Qualified **11/01/1990** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 76-0327014	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent CT CORPORTION SYSTEM 1200 S. L 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIERLD, STEPHEN H	1.2 NAME	Stephen H. Field
STREET ADDRESS	2929 ALLEN PKWY	1.3 STREET ADDRESS	2929 Allen Parkway
CITY - ST - ZIP	HOUSTON TX 77019-2155	1.4 CITY - ST - ZIP	Houston, TX 77019-2155
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPSTAS, LAWRENCE	2.2 NAME	
STREET ADDRESS	2929 ALLEN PKWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77019-2155	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAPSADDLE, DON R	3.2 NAME	
STREET ADDRESS	2929 ALLEN PKWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX 77019-2155	3.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENDALL, JOY A	4.2 NAME	Jamileh B. Soufan
STREET ADDRESS	2929 ALLEN PKWY	4.3 STREET ADDRESS	2929 Allen Parkway
CITY - ST - ZIP	HOUSTON TX 77019-2155	4.4 CITY - ST - ZIP	Houston, TX 77019-2155
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALCH, OTTO B III	5.2 NAME	Otto B Gerlach III
STREET ADDRESS	2929 ALLEN PKWY	5.3 STREET ADDRESS	2929 Allen Parkway
CITY - ST - ZIP	HOUSTON TX 77019-2155	5.4 CITY - ST - ZIP	Houston, TX 77019-2155
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWLETT, JOHN C	6.2 NAME	John C. Rowlett
STREET ADDRESS	3505 FRONTAGE RD. STE 145	6.3 STREET ADDRESS	3505 Frontage Rd., Suite 145
CITY - ST - ZIP	TAMPA FL 33607	6.4 CITY - ST - ZIP	Tampa, FL 33607

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: *[Signature]* **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

0526148

CR2E034 (9/96)