

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS (3-2)

APPROVED
AND
FILED
95 APR 18 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 179021 (1)
1. Corporation Name
ALLRIGHT WEST PALM BEACH, INC.

Principal Place of Business Mailing Address
P.O. BOX 53390 P.O. BOX 53390
HOUSTON TX 77052 HOUSTON TX 77052

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/01/1954	08/03/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		74-1203799	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for interjurisdictional tax under S. 109.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ DATE _____
Signature, typed or printed name of registered agent and title of officer or director (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANSHAWE, DOUGLAS G.	12 NAME	
STREET ADDRESS	335 CLEMATIS STREET	13 STREET ADDRESS	
CITY, ST, ZIP	W. PALM BEACH FL	14 CITY, ST, ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, LARRY A.	22 NAME	
STREET ADDRESS	1111 FANNIN, SUITE 1300	23 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	24 CITY, ST, ZIP	
TITLE	VSD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIS, ANDREW D.	32 NAME	
STREET ADDRESS	1111 FANNIN, SUITE 1300	33 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	34 CITY, ST, ZIP	
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYDEN, A J	42 NAME	
STREET ADDRESS	1919 SMITH STE 1200	43 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	44 CITY, ST, ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, KEITH	52 NAME	
STREET ADDRESS	1120 PRAIRIE	53 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	54 CITY, ST, ZIP	
TITLE	VD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, BERNARD	62 NAME	
STREET ADDRESS	1111 FANNIN, SUITE 1300	63 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	64 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 110.07(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 of changes, or on an attachment with an address.

SIGNATURE: 4/13/95 713-222-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith Wise