

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

FILED

May 09 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 # 189439 (3)
1. Corporation Name ALLRIGHT FLORIDA, INC. 13-6



Principal Place of Business 403 WASHINGTON STREET TAMPA FL 33602 US	Mailing Address P O BOX 53390 HOUSTON TX 77052-3390 US
--	---

3. Date Incorporated or Qualified 12/09/1955	3a. Date of Last Report 04/24/1996
4. FEI Number 59-0761977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	30
---	--	----

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TRAVIS, ANDREW D	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEYER, BERNARD M.	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAGE, LARRY A	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAYDEN, A J	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSE, SIDNEY E.	
STREET ADDRESS	403 WASHINGTON ST.	
CITY - ST - ZIP	TAMPA FL 33602	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	WISE, KEITH	
STREET ADDRESS	1120 PRAIRIE	
CITY - ST - ZIP	HOUSTON TX 77002	

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 in an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/29/97 Daytime Phone #: 713-222-7117
Keith Wise, VP/Controller

CR2E034 (9/96)