

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 577324 (7)**  
1. Corporation Name  
**PARRAN PROPERTIES, INC.**



Principal Place of Business <b>1735 BABCOCK ROAD PO BOX 40279 SAN ANTONIO TX 78229-0279 US</b>	Mailing Address <b>1735 BABCOCK ROAD PO BOX 40279 SAN ANTONIO TX 78229-0279 US</b>
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2. Principal Place of Business 21 <b>6119 Callaghan Road</b> Suite, Apt #, etc 22 City & State 23 <b>San Antonio, Texas</b> Zip 24 <b>78228</b>	2a. Mailing Address 26 <b>P.O. Box 40279</b> Suite, Apt #, etc 27 City & State 28 <b>San Antonio, Texas</b> Zip 29 <b>78229</b> Country 30 <b>U.S.A.</b>
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3. Date Incorporated or Qualified <b>06/28/1978</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FEI Number <b>59-1808145</b>	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TOWNSEND, WILLIAM L. JR. 200 REID ST. PALATKA FL 32177</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sect on 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	11 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHEEKE, EDGAR VON JR</b>		12 NAME <b>Von Scheele, Edgar Jr.</b>	
STREET ADDRESS <b>1735 BABCOCK RD</b>		13 STREET ADDRESS <b>6119 Callaghan Road</b>	
CITY-ST-ZIP <b>SAN ANTONIO TX</b>		14 CITY-ST-ZIP <b>San Antonio, Texas 78228</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	21 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WRIGHT, W. L.</b>		22 NAME <b>Wright, W.L.</b>	
STREET ADDRESS <b>1735 BABCOCK RD</b>		23 STREET ADDRESS <b>6119 Callaghan Road</b>	
CITY-ST-ZIP <b>SAN ANTONIO TX</b>		24 CITY-ST-ZIP <b>San Antonio, TX 78228</b>	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edgar von Scheele, Jr.* **Edgar von Scheele, Jr.** 6/18/96 210-680-6112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR

CR2E034 (3/96)