

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **674783 (6)**
1. Corporation Name
SULOUFF, INC.



Principal Place of Business: **131 POINCIANA LAKE JACKSON TX 77566 US**
Mailing Address: **131 POINCIANA LAKE JACKSON TX 77566 US**

3. Date Incorporated or Qualified: **06/18/1980**
3a. Date of Last Report: **05/19/1995**
4. FEI Number: **59-2002934**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85
Name, Street Address (P.O. Box Number is Not Acceptable), City, Zip Code

11. Pursuant to the provisions of Sections 197.001 and 199.032, Florida Statutes, the above named corporation certifies that the 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 607.001, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SULOUFF, MICHAEL D.	
STREET ADDRESS	131 POINCIANA LAKE JACKSON TX	
CITY, ST, ZIP	LAKE JACKSON TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HECKMAN, JANE	
STREET ADDRESS	131 POINCIANA LAKE JACKSON TX	
CITY, ST, ZIP	LAKE JACKSON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 STREET ADDRESS	
11 CITY, ST, ZIP	
21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS	
21 CITY, ST, ZIP	
31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 STREET ADDRESS	
31 CITY, ST, ZIP	
41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 STREET ADDRESS	
41 CITY, ST, ZIP	
51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 STREET ADDRESS	
51 CITY, ST, ZIP	
61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 STREET ADDRESS	
61 CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is correct, to the best of my knowledge and belief, and that I am an officer or director of the corporation at the time of filing. My signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation at the time of filing. This report is 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]* DATE: **4/14/96** (409) 297 6282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MICHAEL D. SULOUFF**

CR2E034 (12/95)