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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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DOCUI	MENT # 8018	824	(4)						
•	ER INSURANCE COMP	ANY					A 14444 B.B. B.B.	8.8. . 8.8. . 6.8.	
rincipal Place	of Business	Mailing	g Address				• (10.1. 0.2. 0.2.)		• • • • • • • • • • • • • • • • • • • •
10777 WEST			77 WESTHEIMER						
P.O. BOX 29 HOUSTON 1). BOX 2807 USTON TX 77252						
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Chionical Di	ace of Business		ailing Address			10/26/1923 4. FEI Number	1	05/01/19	
гинораги	ace of business	26 26	alling Address			74-1280541			Applied For Not Applicabl
Suite, Apt.	#, etc.		ite. Apt. #, etc.					o o o a garjeo e ad e	Additional
		27				5. Certificate of Status Desired	; []	, -	Required
City & Stale)	Ort	y & State			6. Election Campaign Financin	ig _{E3}	\$5.0	0 May Be
		28				Trust Fund Contribution	LJ		d to Fees
Zip	Country	Z ₁ ;	1	Country		8. This corporation has liability		tax under s	199.032
	25 9. Name and Address of C	29 urrent Registere	d Agent	30		Florida Statutes 10. Name and Address of Ne	Yes []No	d Agent	
	g, Harris and Address of C		- agent	81	Name	10, Hamb and Addioso of No	Hegisteret	- uhour	
INCLIDA	ANCE COMMISSIONER					J /D O Do./ Nombro in Alex *	ntakio)		
	OF FLORIDA			82	Street Add	dress (P.O. Box Number is Not Acce	pranej		
	IASSEE FL 32301			83					
.,				84	City			05 7	o Codo
								. 85 Zij	o Code
Pursuant to or register familiar will GNATURE	th, and accept the obligations of,	Section 607.050	5, Florida Statutes	es, the above red by the corp		oration submits this statement for the ard of directors. Thereby accept the	purpose of o appointment a	ᆸᆝᆝ	egistered offi agent. I am
familiar wii GNATURE _	th, and accept the obligations of,	Section 607.050	5, Florida Statutes	es, the above red by the corp	namied corpo oration's boa	oration submits this statement for the aid of directors. I hereby accept the statement for the ADDITIONS/CHANGES TO	purpose of o appointment a	hanging its r as registered	
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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 Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT J. SABO 3-11-96 (713) 954 B100