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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

837436

(5)

GHFFN	HIGHI	ANDER	CORPOR	IATION

Principal Place of Business 6001 SAVOY, SUITE 600 Mailing Address

6001 SAVOY. SUITE 600



HOUSTON TX 77036		HOUSTON TX 77036							
						3. Date Incorporated or Qualified 11/24/1976	3a. Date	of Last 6 5/01/1	
2. Principal Place of Business		2a. Mailing Address			4. FEt Number	Applied For			
21		26			74-1817322	···	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired			5 Additional Required	
City & State		City & Stale			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country Zip		Country			8. This corporation has liability/for in		_	
24	25	29	30	•		Florida Statutes S Yes	□ No		, ,,,,,,,,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81	Name				
CT CORPORATION SYSTEM				82	Street Addre	ess (P.O. Box Number is Not Acceptable	е)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				83					
			-	84	City		<u> </u>	85 Z	ip Code
11. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the abov	(2 D	anad carvara	tion submits this statement for the purp	FL.	L ito	registered office
or registere	ed agent, or both, in the State of Florid n, and accept the obligations of, Section	a. Sucr-change was authorize	ed by the co	orpo	oration's board	d of directors. I hereby accept the appo	intment as i	egistere	d agent. I am
SIGNATURE _	Agnature, typed or printed nation of registered agent a	nel un disposiculos (NC	L. Registered a	Anent	Signature required	when rejn:tation?	DATE		
12.	OFFICERS AND		13.	4,	ognotic trioquitos	ADDITIONS/CHANGES TO OFFIC		DIRECT(ORS IN 12
TITLE	TS	DELETI:	1. 1 TH	LF	7	VT		Change	
NAME	rather, Jon		1.2 NA!	ME			-	-	_
STREET ADDRESS	22 EAST 6TH STREET		1.3 STF	REE F A	ADDRESS				
CITY-ST-ZIP	NEW YORK NY		1.4 CIT	Y-\$I	- 7IP				
TITLE	AT	DELETE:	2.1111) Change	Addition
NAME	AME BECCI, MICHAEL		2 2 NAME						
STREET ADDRESS	6001 SAVOY, SUITE 600		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	HOUSTON TX		2.4 CITY - ST - ZIP		- ZIP				ļ
TITLE	PC	DELETE	3. 1 TIT	Lŧ			Ĺ] Change	Addition
NAME	0.0 2221, 1.00010.0		3 2 NAME		İ				
STREET ADDRESS	22 EAST 67TH STREET		3.3 ST	REET.	ADDRESS				
CITY-S1-ZIP	NEW YORK NY		3 4 CH	Y-ST	- ZIP				
TITLE	AS	☐ DELETF	4.1 111	LF) Change	Addition
NAME	WINNE III., JAMES A.		4,2 NAI	ME.					
STREE1 ADDRESS	6001 SAVOY, SUITE 600		4.3 STF	REET A	ADDRESS				i
CITY-S1-ZIP	HOUSTON TX		4.4 C(1		- ZIP				
TITLE	V DELETE		5 17(1	5 1 TITLE] Change	Addition
NAME	HARGETT, WILLIAM G.		5.2 NAI	VΕ					1
STREET ADDRESS	6001 SAVOY, STE. 600		5.3 STF	REETA	ADDRESS				
CHY-ST-ZIP	HOUSTON TX		5.4 CIT						
TITLE		DELETE	6. 1 7(7		S	•) Change	X Addition
NAME			6.2 NA			GARVER, JOHN A			j
STREET ADDRESS			6.3 S1F	REFT A		22 EAST 6th STREET			ļ
CITY-S1-ZIP		**** ***** * ***	6.4 CIT	Y - S1	- 21P N	NEW YORK NY			

14. I do hereby certify that the information supplied with this filing is voluntarily formished 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer, or on an attachment with an address.

SIGNATURE:

mulo

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(713) 974-4600

CR2E034 (12/95)