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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 853331

GRIFFIN DEWATERING CORPORATION

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90201 001 ***158.75



								(B)(819))			
	e of Business	Mailing Address									
6100 HARVEY WILSON DR. P. O. 80X 15310											
HOUSTON TX 77020 HOUSTON TX 77220						DO NOT WRITE IN THIS SPACE					
1						3. Date Incorporated or Qualifed					
1						06/30/1982		1			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For			
21	26					63-0826062		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired XXX	\$8.7	\$8.75 Additional			
27						5. Certificate of Status Desired AMA	Fee	Required			
City & State City & State					6. Election Campaign Financing	\$5.1	00 May Be				
23				Trust Fund Contribution		Trust Fund Contribution	Add	ed to Fees			
Zip		Country Zip Country				This corporation owes the current year Intangible					
24	25	29	30			Personal Property Tax.	Yes	□No			
	9. Name and Address of Currer	it Registered Agent		81	Name	10, Name and Address of New Registered	Agent				
CT	CORPORATION SYSTEM										
1200	O S. PINE ISLAND RD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		Í			
PLA	NTATION FL 33324			83							
				84	City	FL	85 2	Lip Code			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove	-named corp	poration submits this statement for the purpose of	changing	its registered			
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607,0505, F	authorized Iorida Stati	i by i utes.	ne corporation	on's board of directors. I hereby accept the appoint	ntment a	s registered			
SIGNATURE	, , , , , ,							1			
	Signature, typed or printed name of registered age		TE: Registered	Agent	signature require	d when reinstating) DATE					
12.		ND DIRECTORS	13.	_,		ADDITIONS/CHANGES TO OFFICERS AN					
TITLE	VTSD	☐ DELETE	1,1 TD				Chan	ge 🔲 Addition			
NAME	SUIT, DAISY		1.2 NA								
STREET ADDRESS	I				ADDRESS)			}			
CITY-ST-ZIP	HOUSTON TX	DELETE		TY ST	-ZIP		Chan	ge Addition			
TITLE	,	Doctett	2.1 TF				Chair	ge L Addition			
NAME	KHONSARI, KAZEM		2.2 N					ì			
STREET ADDRESS	6100 HARVEY WILSON DR. HOUSTON TX				ADDRESS						
CITY-ST-ZIP	HOUSION IX	☐ DELETE	2. 4 C	17Y-S1	-ZIP		Chan	ge Addition			
inte			3.1 NA					ac [] ((a)			
					+DDGECC			ì			
STREET ADDRESS				reei. Ty-st	ADDRESS						
ST-ZIP	 	☐ DELETE	4.1 (1)		-21		Chan	ge Addition			
			4.2 N)			
					ADDRESS (}			
ST-2IP			4.4 G0					}			
31-2"		☐ DELETE	5.1 TI1				Chan	ge [] Addition			
		_ · · -	5.2 NA		}			}			
: ADDRESS			5.3 \$1	REET	ADDRESS			}			
ST ZIP			5.4 CI	IY-ST	· ZIP			1			
		☐ DELETE	6.1 TI1	ILE.			☐ Chan	ge Addition			
								- 1			
			6.2 NA	ME							
. I ADDRESS			4		ADDRESS						

In 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 on an attachment with an address, with all other like empowered.

RE:	THE WALLET	Daisy	Suit,	Exec.V.P.	5/1/99	713-671-81
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGN	G OFFICER OR DIRECTOR		C	ate	Daytime Phone #