


5-12-98 B 7136 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F93000002341 (6)</b> 1. Corporation Name <b>WICKS 'N' STICKS, INC.</b>					
Principal Place of Business <b>16825 NORTHCHASE DR., SUITE 800 HOUSTON TX 77060</b>			Mailing Address <b>16825 NORTHCHASE DR., SUITE 800 HOUSTON TX 77060</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/11/1993</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>76-0388111</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		NAME		1.1 TITLE	
NAME		STREET ADDRESS		1.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		1.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		NAME		2.1 TITLE	
NAME		STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		2.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		NAME		3.1 TITLE	
NAME		STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		3.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE	
NAME		STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		4.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		NAME		5.1 TITLE	
NAME		STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		5.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		NAME		6.1 TITLE	
NAME		STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP		6.3 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I 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.					
SIGNATURE: <i>Beth C. Dewees</i> BETH DEWEES 4/20/98 281-874-0800					

CR2E034 (10/97)