

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003562 (6)

1. Corporation Name

AMERIBAN INC.

Principal Place of Business

6566 E. SKELLY DRIVE  
TULSA OK 74155

Mailing Address

6566 E. SKELLY DRIVE  
TULSA OK 74155



3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

05/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

73-1305373

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROPHY, TOM  
5600 "B" AIRPORT BLVD  
TAMPA FL 33634

81 Name

Julie Frazier

82 Street Address (P.O. Box Number is Not Acceptable)

5600 "B" Airport Boulevard

83

84 City

Tampa

FL

85 Zip Code  
33634

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

*Julie A. Frazier*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME FELLERS, FRANK JR  
STREET ADDRESS 3103 S. ROCKFORD  
CITY-ST-ZIP TULSA OK 74105

☐ DELETE

TITLE V  
NAME SMITH, DOUG  
STREET ADDRESS 12006 E. 85TH PLACE NORTH  
CITY-ST-ZIP OWASSO OK 74055

☐ DELETE

TITLE S  
NAME ENGEL, KARL  
STREET ADDRESS 3709 E. 45TH PLACE  
CITY-ST-ZIP TULSA OK

☒ DELETE

TITLE  
NAME BROPHY, TOM  
STREET ADDRESS 7932 E. 60TH STREET  
CITY-ST-ZIP TULSA OK 74145

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE S  
3.2 NAME Doug Smith  
3.3 STREET ADDRESS 12006 East 85th Place North  
3.4 CITY-ST-ZIP Owasso, Oklahoma 74055

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

918-621-4400

Daytime Phone

CR2E034 (12/95)