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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000000987 (7)

1. Corporation Name
BELMONT CONSTRUCTORS, INC.



Principal Place of Business Mailing Address
2400 WEST LOOP SOUTH, STE. 550 2400 WEST LOOP SOUTH, STE. 550
HOUSTON TX 77027 HOUSTON TX 77027-4299

3. Date Incorporated or Qualified 02/28/1994 3a. Date of Last Report 02/07/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 2925 Briarpark Dr.		26 2925 Briarpark Dr.		22-2365305		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 Second Floor		27 Second Floor		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23 Houston TX		28 Houston TX		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Country		Country	
24 77042		29 77042		30 Harris		30 Harris	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RICHARD O	1.2 NAME	
STREET ADDRESS	2400 WEST LOOP SOUTH, STE. 550	1.3 STREET ADDRESS	2925 Briarpark Dr., Ste. #150
CITY-ST-ZIP	HOUSTON TX 77027	1.4 CITY-ST-ZIP	Houston, TX 77042
TITLE	D	2.1 TITLE	SR.VP & COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, JOHN C	2.2 NAME	Edward H. Clay III
STREET ADDRESS	65 VINCENT SQUARE	2.3 STREET ADDRESS	2925 Briarpark Dr., Ste. #150
CITY-ST-ZIP	LONDON SW1P 2RX ENGLAND	2.4 CITY-ST-ZIP	Houston, TX 77042
TITLE	D	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, JAMES B	3.2 NAME	Glenn R. Schaefer
STREET ADDRESS	AV. DE LA GARE 10	3.3 STREET ADDRESS	2925 Briarpark Dr., Ste. #150
CITY-ST-ZIP	CH-1003 LAUSANNE, SWITZERLAND	3.4 CITY-ST-ZIP	Houston, TX 77042
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, RANDOLPH W	4.2 NAME	
STREET ADDRESS	2400 WEST LOOP SOUTH, STE. 550	4.3 STREET ADDRESS	2925 Briarpark Dr., Ste. #150
CITY-ST-ZIP	HOUSTON TX 77027	4.4 CITY-ST-ZIP	Houston, TX 77042
TITLE	VST	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEATHERLY, B.F.	5.2 NAME	Fred H. Roberts
STREET ADDRESS	2400 WEST LOOP SOUTH, STE. 550	5.3 STREET ADDRESS	2925 Briarpark Dr., Ste. #150
CITY-ST-ZIP	HOUSTON TX 77027	5.4 CITY-ST-ZIP	Houston, TX 77042
TITLE		6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Larry M. Hicks
STREET ADDRESS		6.3 STREET ADDRESS	2925 Briarpark Dr., Ste. #150
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston, TX 77042

14. I do 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: *Randolph W. Warner* Randolph W. Warner, President

1-22-97 (281) 721-6311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)