

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003688 (8)
 1. Corporation Name
AVANTRA CORPORATION



Principal Place of Business PO BOX 8156 CORPUS CHRISTI TX 78469	Mailing Address PO BOX 8156 CORPUS CHRISTI TX 78469
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 23. City & State	27 28. City & State
24 24. Zip	29 30. Zip
25 25. Country	30 30. Country

3. Date Incorporated or Qualified 07/14/1994	
4. FEI Number 74-2233916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33327

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOCKSETH, STEVEN W	
STREET ADDRESS	121 SEA VIEW LANE	
CITY-ST-ZIP	CORPUS CHRISTI TX 78411	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, C.W.	
STREET ADDRESS	1800 OCEAN DR., UNIT 100A	
CITY-ST-ZIP	CORPUS CHRISTI TX	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STOCKSETH, LEE L	
STREET ADDRESS	8022 MARSEILLE	
CITY-ST-ZIP	CORPUS CHRISTI TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOCKSETH, MARK	
STREET ADDRESS	448 DELAINE DR	
CITY-ST-ZIP	CORPUS CHRISTI TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNN, TODD	
STREET ADDRESS	615B STRASBOURG	
CITY-ST-ZIP	CORPUS CHRISTI TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with an attachment with an address.

CP2E034 (10/97)

5/21/98 (512) 883-4358