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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F94000004499 (9)

Principal Place of Business Mailing Address 1360 POST OAK BLVD 1360 POST OAK BLVD. SUITE 1770 SUITE 1770 HOUSTON TX 77056 DO NOT WRITE IN THIS SUITE IN T	
Principal Place of Business Mailing Address 1360 POST OAK BLVD 1360 POST OAK BLVD. SUITE 1770 SUITE 1770 HOUSTON TX 77056 HOUSTON TX 77056 US 3. Date Incorporated or Qualified	#1#11 #1#10 1011 4 1 9 (1 1 98)
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HOUSTON TX 77056 HOUSTON TX 77056 DO NOT WRITE IN THIS S US 3. Date Incorporated or Qualified	
U\$ 3. Date Incorporated or Qualified	
(a. Date morporated or addanted	PACE
08/30/1994	
2. Principal Place of Business 2a. Malling Address 4. FEI Number	Applied For
26 76-0386398	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the curr	· · · · · · · · · · · · · · · · · · ·
	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	gent
CORPORATION INFORMATION SERVICES, INC. 81 Name	
1201 WAYS STREET	
TALLAHASSEE FL 32301	
17LEAU 1700LL 1 L 02001	
,	
84 City FL	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 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 appearant. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, typed or profed refuse 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	
TITLE DT DELETE 1.1 TITLE	🗙 Change 🔲 Additio
NAME BENNETT, DONALD K 1.2 NAME	
STREET ADDRESS -4111-CHAPALA ST. 1.3 STREET ADDRESS 812 ANACAPA ST, STE 2	
STREET ADDRESS CITY-ST-ZIP 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	K Change Additio
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STREET ADDRESS -4111-CHAPALA-ST. SANTA BARBARA CA 93101 1.3 STREET ADDRESS CITY-ST-ZIP DP GROTENHUIS, DAVID 411-CHAPALA-ST. STREET ADDRESS CITY-ST-ZIP TITLE DS SIEMENS, WAYNE STREET ADDRESS CITY-ST-ZIP TITLE DS SIEMENS, WAYNE STREET ADDRESS CITY-ST-ZIP TITLE DS SIEMENS, WAYNE STREET ADDRESS CITY-ST-ZIP TITLE DU DELETE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DU DELETE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DU DELETE 4.1 TITLE NAME STREET ADDRESS STREET ADDRESS THE CARPINTERIA, CA 93101 DELETE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DU DELETE 4.1 TITLE AMME STREET ADDRESS TITLE ANTA BARBARA CA 93101 DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 1360 POST OAK BLVD, STE. 1770 4.4 CITY-ST-ZIP HOUSTON, TX 77056	K∦Changa
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14. Thereby 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 or application on the receiver of the corporation of the corporati

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

May 21 1998 8:00am

Secretary of State