

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 # F95000001984

1. Corporation Name
Pebble Creek Corporation

Principal Place of Business: **2929 Allen Parkway, A36-01 Houston, TX 77019**
Mailing Address: **Same**

3. Date Incorporated or Qualified: **April 24, 1995**
3a. Date of Last Report: **April 24, 1995**

2. Principal Place of Business
21 **2929 Allen Parkway**
Suite, Apt. #, etc. **A36-01**
City & State **Houston, Texas**
Zip **77019** Country **U.S.A.**

4. FEI Number: **76-0469667**
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
**CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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		DELETE
TITLE	President and Director	<input type="checkbox"/>
NAME	Lawrence Kupstas	
STREET ADDRESS	2929 Allen Parkway	
CITY - ST - ZIP	Houston, TX 77019	
TITLE	Vice President and Project Dir.	<input type="checkbox"/>
NAME	John C. Rowlett	
STREET ADDRESS	2929 Allen Parkway	
CITY - ST - ZIP	Houston, TX 77019	
TITLE	Treasurer	<input type="checkbox"/>
NAME	Joy A. Kendall	
STREET ADDRESS	2929 Allen Parkway	
CITY - ST - ZIP	Houston, TX 77019	
TITLE	Tax Officer	<input type="checkbox"/>
NAME	Kimberly C. Sellers	
STREET ADDRESS	2929 Allen Parkway	
CITY - ST - ZIP	Houston, TX 77019	
TITLE	Secretary	<input type="checkbox"/>
NAME	Otto B Gerlach III	
STREET ADDRESS	2929 Allen Parkway	
CITY - ST - ZIP	Houston, TX 77019	
TITLE	Assistant Secretary	<input type="checkbox"/>
NAME	Ken L. Overshiner	
STREET ADDRESS	2929 Allen Parkway	
CITY - ST - ZIP	Houston, TX 77019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Director	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Stephen H. Field		
1.3 STREET ADDRESS	2929 Allen Parkway		
1.4 CITY - ST - ZIP	Houston, TX 77019		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	000001795040		
4.3 STREET ADDRESS	-04/25/96--01097--005		
4.4 CITY - ST - ZIP	***200.00		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: *Otto B Gerlach III* **4/12/96 (713)831-1267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **OTTO B GERLACH III, SECRETARY**
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)