

**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 # **F95000001987 (5)**

1. Corporation Name

**FLORIDA GL CORPORATION**



Principal Place of Business

Mailing Address

2929 ALLEN PARKWAY (A36-02)  
HOUSTON TX 77019

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HOUSTON TX 77019

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

76-0469342

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	TUTERS, PETER V	
STREET ADDRESS	2929 ALLEN PKWY	
CITY - ST - ZIP	HOUSTON TX 77019	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, JULIA S	
STREET ADDRESS	2929 ALLEN PKWY	
CITY - ST - ZIP	HOUSTON TX 77019	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HAMSTRA, SONIA W	
STREET ADDRESS	2929 ALLEN PKWY	
CITY - ST - ZIP	HOUSTON TX 77019	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERLACH, OTTO B III	
STREET ADDRESS	2929 ALLEN PKWY	
CITY - ST - ZIP	HOUSTON TX 77019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawrence Kupstas	
1.3 STREET ADDRESS	2929 Allen Pkwy	
1.4 CITY - ST - ZIP	Houston TX 77019	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen H. Field	
2.3 STREET ADDRESS	2929 Allen Pkwy	
2.4 CITY - ST - ZIP	Houston TX 77019	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Austin P. Young	
3.3 STREET ADDRESS	2929 Allen Pkwy	
3.4 CITY - ST - ZIP	Houston TX 77019	
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	Tax Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kimberly C. Sellers	
6.3 STREET ADDRESS	2929 Allen Pkwy	
6.4 CITY - ST - ZIP	Houston TX 77019	

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*

Otto B Gerlach III

4-16-96

713-522-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)