FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F95000005974 (9)
1. Corporation Name

DINECDEEN P	NEVEL OBLIENT	INCORPORATED	

Principal Place of Business 8603 PINES PL DR	Mailing Address 8603 PINES PL DR	
HUMBLE TX 77346	HUMBLE TX 77346	



						3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Pla	and of Business	1 20 1	Initian Andrews		·	12/06/1995 4. FEI Number Applied For	
21	ice O. Briginess	├ ─┐	2a. Maiing Address			70.044404	
Suite, Apt. #	# etc						
22	27					5. Certificate of Status Desired S8.75 Additional Fee Required	
· '	City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23		28		r		Trust Fund Contribution Added to Fees	
Ζφ 24	Country 25	Z 29	Zip Country 30			8. This corporation has liability for intaggible tax under sides 199,032. Florida Statutes Yes X No	
		ss of Current Registe	red Agent	1001		10. Name and Address of New Registered Agent	\dashv
				81	Name		
PALMER	Debra K	Aumerce	CHANGE				
	AY-TO-BAY-BLVD	MOVACES	CHADE	82	Street	1Address IP.O. Box Number is Not Acceptable) 2910 BAY-TO-BAY BLUD	
TAMPA F	L 33629			8:	بسيا	SUITE 300	\neg
				84		85 Zip Code	
44 0		007.0500			1		
or registers	o the provisions of Sections are provisions of Sections and Execution the control of the control	ons 607.0502 and 607,1 State of Floridal Such c	1508, Florida Statutes hange was authorize	s, the above d by the con	named co poration's l	corporation submits this statement for the purpose of changing its registered of 's board of directors. I hereby accept the appointment as registered agent. I am	lice
familiar witi	n, and accept the obligat	tions of, Section 607.05	05, Florida Statutes	,		- 500 of Colors of the say decapt the appointment as registered agent. Fair	1
SIGNATURE	Styristure, typed or printed name o						
12.		FFICERS AND DIRECTO		■ 13.	th' Supid' teste	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	[
TITLE	P		DELETE	1 ' TITLE		Change Addition	
NAME	MORRISON, THOM	AS E JR		1.2 NAME	j	Containing	"
STREET ADDRESS	8603 PINES PL DR				LADDRESS		
CITY-ST-ZIP	HUMBLE TX 77346			14 CiTy -	j		
TITLE	VS		DELFIE	2 1 T TLF		Change C Additio	$\exists l$
NAME	MORRISON, K. ROI	NNELL		2.2 NAME			
STREET ADDRESS	8603 PINES PL DR			2.3 STREET ADORESS			
CITY-ST-ZIP	HUMBLE TX 77346			2 4 Cily-	\$1 - ZiP		
TITLE			☐ DELF1E	3 171718		Change Addition	n
NAME				3.2 NAME			
STREET ADDRESS				3 3 STREE	1 ADDRESS	s	
CITY - ST - ZIP				3.4 CITY -	ST-2IP		
TITLE			DELETE	4 1 THILE		Change Addition	л
NAME				4.2 NAME	}		
STREET ADDRESS				4 3 STREE	FADDRESS	i •	
CITY - ST - ZIP				4.4 CITY -	ST-7:P		
TITLE			□ DELETE	5 1 TITLE		Change Addition	1
NAME				5.2 NAME			
STREET ADDRESS				53 STREE	LADDRESS	•	
CITY-ST-ZIP			FIGURE	5 4 CHY -	S1 - ZIP		
TIFLE			DELETE	6 1 TITLE		Change Addition	1
NAME				6.2 NAME			
STREET ADDRESS				63 STREE		•	
CITY - ST - ZIP				6.4 CITY - 1	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 cath; that I am an order or director of the corporation or the receiver or trusted en powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block. 2 or Block 13 if changed, or on in apacitypes with an address.

SIGNATURE:

SIGNATUBE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/96 7/3/540

13/540-4343