

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

**FILED**

**Feb 13 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F96000000457 (9)**

1. Corporation Name  
**LIC VENTURES, INC.**



Principal Place of Business  
**301 CONGRESS AVE #1500  
AUSTIN TX 78701**

Mailing Address  
**301 CONGRESS AVE #1500  
AUSTIN TX 78701-4041**

3. Date Incorporated or Qualified <b>01/26/1996</b>	3a. Date of Last Report
4. FEI Number <b>74-2772874</b> <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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	DC	<input type="checkbox"/> DELETE
NAME	JASTROW, KENNETH M II	
STREET ADDRESS	301 CONGRESS AVE #1500	
CITY - ST - ZIP	AUSTIN TX 78701	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JASTROW, KENNETH M II	
STREET ADDRESS	301 CONGRESS AVE #1500	
CITY - ST - ZIP	AUSTIN TX 78701	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KNIGHT, CRAIG A	
STREET ADDRESS	301 CONGRESS AVE #1500	
CITY - ST - ZIP	AUSTIN TX 78701	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WARNER, M. RICHARD	
STREET ADDRESS	303 S TEMPLE DR	
CITY - ST - ZIP	DIBOLL TX 75941	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TURPIN, DAVID W	
STREET ADDRESS	303 S TEMPLE DR	
CITY - ST - ZIP	DIBOLL TX 75941	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSTON, J. BRADLEY	
STREET ADDRESS	8333 DOUGLAS	
CITY - ST - ZIP	DALLAS TX 75225	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: David W. Turpin **DAVID W. TURPIN** 2-4-97 512-4345314

CR2E034 (9/96)