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May 06 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 # F96000003121 (8)

1. Corporation Name
JULINGTON - CYPRESS, INC.

Principal Place of Business

5151 SAN FELIPE, SUITE 1445
HOUSTON TX 77056

Mailing Address

5151 SAN FELIPE, SUITE 1445
HOUSTON TX 77056-3809



3. Date Incorporated or Qualified

06/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 1800 W. Loop South

Suite, Apt. #, etc.

22 SUITE 850

City & State

23 HOUSTON, TX

Zip

24 77027

Country

25 USA

2a. Mailing Address

26 1800 W. Loop South

Suite, Apt. #, etc.

27 SUITE 850

City & State

28 HOUSTON, TX

Zip

29 77027

Country

30 USA

4. FEI Number

APPLIED FOR 76-0505958

Applied For

Not Applicable

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

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

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 of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME CLARK, STEPHEN T
STREET ADDRESS 5151 SAN FELIPE, SUITE 1445
CITY-ST-ZIP HOUSTON TX 77056

TITLE DPST ☐ DELETE

NAME CLARK, M T
STREET ADDRESS 5151 SAN FELIPE, SUITE 1445
CITY-ST-ZIP HOUSTON TX 77056

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (SAME) ☒ Change ☐ Addition

1.2 NAME (SAME)

1.3 STREET ADDRESS 1800 W. Loop South, Suite 850

1.4 CITY-ST-ZIP HOUSTON, TX 77027

2.1 TITLE (SAME) ☒ Change ☐ Addition

2.2 NAME (SAME)

2.3 STREET ADDRESS 1800 W. Loop South, Suite 850

2.4 CITY-ST-ZIP HOUSTON, TX 77027

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (73) 622-7270
Date Daytime Phone #

CR2E034 (9/96)