

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90159 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000003975

1. Corporation Name  
**GULF STATES FINANCIAL SERVICES, INC. OF TEXAS**



Principal Place of Business Mailing Address  
 13201 NORTHWEST FREEWAY SUITE 801 HOUSTON TX 77040

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**07/26/1996**  
 4. FEI Number Applied For  
**76-0068653**  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 owes the current year intangible Personal Property Tax.  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDKIN, THOMAS D	
STREET ADDRESS	7701 WILSHIRE PLACE DR.	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	PLYE, JERRY H	
STREET ADDRESS	7701 WILSHIRE PLACE DR.	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUEN, FRANK X.	
STREET ADDRESS	7701 WILSHIRE PLACE DR.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VM	<input type="checkbox"/> DELETE
NAME	KRAFT, GREGORY W	
STREET ADDRESS	13201 NORTHWEST FWY., SUITE 801	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOHMANN, CRAIG C	
STREET ADDRESS	13201 NORTHWEST FWY., SUITE 701	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STRICKLIN, BRUCE	
STREET ADDRESS	13201 NORTHWEST FWY., SUITE 801	
CITY-ST-ZIP	HOUSTON TX 77040	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED SHEET FOR COMPLETE LISTING
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Thomas D. Friedkin* **APRIL 5, 1999** 281-552-2223

CR2E034 (1/1/98)



