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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F96000005621 (5)

AUBRY-HANSEN, INC.

Principal Place of Business	Mailing Address				
1301 N. SUMMITAVE	1301 N. SUMMITAVE				
FT WORTH TX 78107	FT WORTH TX 76107				

FILED May 12 1998 8:00am Secretary of State



Principal Piac		Mailing Address				7 100(100 (110 1011) 00111 00111		1531 0 11 00 7 61 0 1 10	/8 1	
1301 N. SUMMITAVE 1301 N. SUMMITAVE FT WORTH TX 78107 FT WORTH TX 76107										
						DO NOT WRITE II	N THIS SPACE			
						3. Date Incorporated or Qualified 10/30/1996				
	lace of Business	2a. Mailing Address			· · · · · ·	4. FEI Number	26220	Applied F	or	
21 Suite, Apt.	# ato	26 Cuito Apt 4 ala				-75-1989880-76-056		Not Applic		
22		Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Addition ee Required		
City & State City & State 28						6. Election Campaign Financing		.00 May Be		
Zip	Country	Zip _	Countr	v		Trust Fund Contribution 8. This corporation owes or has paid		dded to Fees		
24 76	102 25	29 76/02 30	_ `			Personal Property Tax due June 3		No 🔀 No	'	
	9. Name and Address of Curre	nt Registered Agent		· · · · · ·		10. Name and Address of New Regi	stered Agent	,		
	MBERT, PAUL		81	Nan	ne					
	20 N. SEMORAN AVE., STE 201	5	82	Stre	et Addre	ss (P.O. Box Number is Not Acceptable	9)	· ·		
UH	RLANDO FL 32807		83	-						
			84	City			85	Zip Code		
								•		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 Statules.										
SIGNATURE Signature, typod or printed name of registered agest and title if applicable (NOT: Registered Agent signature required when reinstating) DATE										
12.		ND DIRECTORS	13.	Orit algris	ildre required	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12	,—	
TITLE	P	☐ DELETE	1.1 TITLE				☐ Ch			
NAME	AUBRY, JON		1.2 NAME							
STREET ADDRESS	2201 WILSHIRE BLVD		1.3 STREE	T ADDRES	ss					
CITY-ST-ZIP	FT WORTH TX		1.4 CfTY - 5	ST-ZIP						
TITLE			2.1 TITLE				L. Ch	ange 🔲 Ad	ddition	
NAME	Hansen, Gregg \$23 Kessler Drive		2.2 NAME	2.3 STREET ADDRESS						
STREET ADDRESS	EULESS TX									
CITY-ST-ZIP	EOLESS IV	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP			Ch	ange [] Ad	ddition	
NAME			3.1 FILE				L., UI	ange LLI Au	Julion	
STREET ADDRESS			3.3 STREET	r Annbes					1	
CITY-ST-ZIP			3.4. CITY-							
TITLE		DELETE 4.1 TI		01 211			Ch	ange Ad	dition	
NAME			4. 2 NAME					-		
STREET ADDRESS			4.3 STREET	ADDRES	s					
CITY-ST-ZIP			4.4 CITY-5	ST - ZIP	.				-	
TITLE		DELETE	5.1 1ITLE				☐ Ch	ange 🔲 Ad	Idition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRES	S					
CITY-ST-ZIP		Del tre	5.4 CITY - S	T - ZIP						
TITLE		☐ DELETE	6.1 TITLE				∐ Ch	ange 🔲 Adi	dition	
NAME			6.2 NAME							
STREET ADDRESS		}	6.3 STREET		S					
CITY-ST-ZIP 14. I hereby c	ertify that the information shouled y	ith this filing does not qualify for the	6,4 CITY - S e exemp	ition st	ated in Si	ection 119.07(3)(i), Florida Statutes. I fu	rther certify the	at the informs	ation	

indicated on this annual report or surfulemental 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 of 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 langed, or long as attachment with an appears.