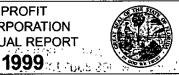
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800003333

CHAPMAN SCHEWE, INC.

Fillicipal Flace of business	
1177 WEST LOOP SOUTH, SUITE 7 HOUSTON TX 77027	700

Mailing Address

1177 WEST LOOP SOUTH, SUITE 700 HOUSTON TX 77027

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90030 039 ***158.75



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed			
7 Daine in a 1 Di	leas of Divisions	22 Moiling Address			06/12/1998 4. FEI Number	I	Applied For	
<u> </u>	lace of Business	2a. Mailing Address			· ·	<u></u>	Not Applicable	
21	#	Suite, Apt. #, etc.			76-0531417	/ 60	75 Additional	
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.			5. Certifcate of Status Desired		e Required	
City & State	e	City & State			6. Election Campaign Financing		. 00 May Be	
23		28			Trust Fund Contribution	Ad Ad	ded to Fees	
Zip	Country	Zip	Country	<i>f</i>	8. This corporation owes the current		- .	
24	25	29 30) <u> </u>		Personal Property Tax.	Yes	✓No	
	9. Name and Address of Current	Registered Agent	0.4		10. Name and Address of New Reg	istered Agent		
C T (CODDODATION SYSTEM		81	Name				
C T CORPORATION SYSTEM			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	SOUTH PINE ISLAND ROAD							
PLAN	NTATION FL 33324		83	i				
:			84	City		FL 85	Zip Code	
44 0	4- 4b idion of Continue 607 0503	and CO7 1EO9 Elorida Statutan	the show	no named corr	poration submits this statement for the pur		n its registered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1506, Florida Statutes, f Florida. Such change was auth	orized by	the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept the	ne appointment	as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	S.		о арропилсти	i i	
SIGNATURE		AND YOUR D			ed when reinstating)	DATE		
19 (2) 19 545 1 2	Signature, typed or printed name of registered agent OFFICERS AND		13.	int signature require	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE			1.1 TITLE			Cha		
NAME	CHADMAN HADDY	THE THE PROPERTY OF THE PROPER	1.2 NAME			_	. –	
	CHAPMAN, HARRY			T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	HOUSTON TX 77027	☐ DELETE	1.4 CITY-5	Si-ZIP		☐ Cha	ange Addition	
	EVD COURAGE BANIEL I		2.2 NAME				_	
NAME	SCHEWE, DANIEL J							
STREET ADDRESS	The state of the s			TADDRESS				
CITY-ST-ZIP	HOUSTON TX 77027	☐ DELETE	2. 4 CITY-	ST-ZIP		F∏ Cha	ange	
TITLE	EVD NAMOV	· · · · · · · · · · · · · · · · · · ·	3.1 TITLE					
NAME	CUTSHALL, NANCY	T 700	3.2 NAME				,	
STREET ADDRESS	1177 WEST LOOP SOUTH, SUIT	E /UU		T ADDRESS		-		
CITY-ST-ZIP	HOUSTON TX 77027	☐ DELETE	3.4. CITY-	ST-ZIP		☐ Cha	ange Addition	
TITLE	CFOV	□ nere ie	4.1 TITLE					
NAME .	RASMUSSEN, NORMAN		4. 2 NAME					
STREET ADDRESS	1177 WEST LOOP SOUTH, SUIT	E 700		T ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77027	□ pc: e+e	4.4 CITY-S	ST-ZIP		☐ Cha	ange Addition	
TITLE	D	☐ DELETE	5.1 TITLE			L_3 Cna	ange ⊟ Accinon	
NAME (LEWIS, GEORGE N III		5.2 NAME					
STREET ADDRESS	1177 WEST LOOP SOUTH, SUIT	E 700		T ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77027		5.4 CITY-S	ST-ZIP	and the second s			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	ange	
NAME			6.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				

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.