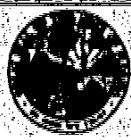


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 8:16

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J58165**

**(8)**

1. Corporation Name  
**TEXHAR, INC.**

**Principal Place of Business**

440 ROYAL PALM WAY #300  
PALM BCH FL 33480-4185

**Mailing Address**

440 ROYAL PALM WAY #300  
PALM BCH FL 33480-4185

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

3. Date Incorporated or Qualified

02/20/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2775537

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

CHOPIN, L. FRANK  
440 ROYAL PALM WAY #300  
PALM BCH FL 33480

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

440 Royal Palm Way #200

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | PSD                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHOPIN, L. FRANK        | 1.2 NAME  |   |
| STREET ADDRESS             | 440 ROYAL PALM WAY #300 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | PALM BEACH FL           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 2.2 NAME  |   |
| STREET ADDRESS             |                         | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME  |   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME  |   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                         | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 trustee or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13, the header or on an attachment thereto.

**SIGNATURE:**

**L. Frank Chopin**

**(407) 655-9500**

PRINTING AND FILING AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #