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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

	MENT # N2026 GILLEAN USA INC.	64 (0)				
Principal Place	of Business	Mailing Address					i Olbii Digii Bilii ii ii i
P. O. BOX 4061 ALVIN TX 77511		P. O. BOX 4061 ALVIN TX 77511					
					3. Date Incorporated or Qualified 04/21/1987	3a. Date of 07/2	Last Report 20/1995
2. Principal Pla	ace of Business	2a. Mailing Address	3		4. FEI Number 56-0836635		Applied For Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, et	ic.	·		\$6	3.75 Additional
22		27			5. Certificate of Status Desired	1 1	Fee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Cour	ntry	8. This corporation has liability for in	tangible tax und	
24	9. Name and Address of Curre	29 ant Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
		one riogistorou rigini		81 Name	TO. Name and Address of New Ne	gistered Agen	
FORSMA	N, Robert H.		ļ.	01	100.0	,	
4010 OAK HAMMOCK LANE				82 Street Add	tress (P.O. Box Number is Not Acceptable	9)	
ft. Pier	CE FL 34981		ľ	83		· · · · · · · · · · · · · · · · · · ·	
			-	84 City		85	Zip Code
11 Purguant t	to the provision of Castiana 617 050	00 047 4500 5					1
or register familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	orida. Such change was aut ction 617.0503, Florida Sta	hardes, the above thorized by the contutes	re-named corpo orporation's boa	pration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing ntment as regist	its registered office tered agent. I am
	· · · · · · · · · · · · · · · · · · ·						
SIGNATURE _							
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered /	Agent signature require		DATE CEDS AND DIDE	CCTOES IN 12
		ent and title if applicable. ND DIRECTORS	(NOTE: Registered /	T	ed when reinstating! ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
12.	OFFICERS A	ent and title if applicable.	(NOTE: Registered A	.E			
12.	OFFICERS AI	ent and title if applicable. ND DIRECTORS	(NOTE: Registered / 13. 1.1 TH	LE VE		ERS AND DIRE	
12. TITLE NAME	OFFICERS AI PD RANKIN, ROBERT C.	ent and title if applicable. ND DIRECTORS	(NOTE: Registered / 13. 1.1 TITO 1.2 NAT 1.3 STR	LE ME EET ADDRESS		ERS AND DIRE	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD RANKIN, ROBERT C. 804 PEACAN SUITE 8 MCALLEN TX TD MCLANE, ANNE P. 232 OAK MANOR DRIVE	ent and title if applicable. ND DIRECTORS DELETE	(NOTE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	LE ME ME MET ADDRESS Y-S1-ZIP LE		CERS AND DIRE	inge 🔲 Addition
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

| Continued and type or printed Name of Signing Offices or Director | Chapter 10 | Chapter 10

SIGNATURE: \(\(\)