

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P07163** (9)

1. Corporation Name  
**BIL DEVELOPMENT, INC.**



Principal Place of Business: **ELEVEN GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046 US**  
Mailing Address: **ELEVEN GREENWAY PLAZA SUITE 3106 HOUSTON TX 77046 US**

3. Date Incorporated or Qualified: **08/19/1985**  
3a. Date of Last Report: **11/22/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **76-0154871**  
Applied For:  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 has liability for intangible tax under s. 199.032, Florida Statutes:  No

9. Name and Address of Current Registered Agent  
**AMERICAN INFOMATION SERVICES INC.  
801 BRICKELL AVE  
24TH FLOOR  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name: **American Information Services, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1 SE 3rd Avenue**  
83 City: **27th Floor**  
84 City: **Miami** FL 85 Zip Code: **33131**

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 re-appointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROCHON, RICHARD C.	
STREET ADDRESS	200 SOUTH ANDREWS AVE. 6TH FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33302	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, STEPHEN	
STREET ADDRESS	200 SOUTH ANDREWS AVE 6TH FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRIS BRANDEN	
2.3 STREET ADDRESS	200 S ANDREWS AVE 6 FLOOR	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
3.1 TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM M PIERCE	
3.3 STREET ADDRESS	200 S ANDREWS AVE 6 FLOOR	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John A. Blaisdell	
4.3 STREET ADDRESS	200 South Andrews Ave., 6th Floor	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 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.

SIGNATURE: *[Signature]* **CRIS BRANDEN** 4/23/96 954-627-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)