

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P08269 (3)

1. Corporation Name

M.G.S.I., SECURITIES, INC.



Principal Place of Business

Mailing Address

THREE RIVERWAY, SUITE 1800
HOUSTON TX 77056

THREE RIVERWAY, SUITE 1800
HOUSTON TX 77056

3. Date Incorporated or Qualified
12/04/1985

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

76-0116886

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

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 of the principal officer or registered agent and director of corporation

(Print) Registered Agent's signature (required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
GLENN, RANDA K.
THREE RIVERWAY, #1800
HOUSTON TX

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
OGG, JAMES W.
THREE RIVERWAY, #1800
HOUSTON TX

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
KOMAR, D. ANN
THREE RIVERWAY, #1800
HOUSTON TX

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
OGG, PAULA
THREE RIVERWAY 1800
HOUSTON TX

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MERSON, JR. C
THREE RIVERWAY 1800
HOUSTON TX

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

CD
OGG, JAMES W.
THREE RIVERWAY, #1800
HOUSTON, TX

XX Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

PD
KOMAR, D. ANN
THREE RIVERWAY, #1800
HOUSTON, TX

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randa K. Glenn

06/12/96 (713) 552-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/96)