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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P15428 DOCUMENT # 1. Corporation Name

(6)

CLORAL	NATURAL	RESOURCES	<b>CORPORATION</b>	OF NEVADA
JLUDAL	INATURAL	neouunceo	CURPURATION	UE NEVAUA

Principal Place of Business Mailing Address								1) 1EH 01EH 0				
5300 MEMOR HOUSTON T	RIAL DR., SUITE 800 X 77007	5300 MEMORIAL DR HOUSTON TX 77007		100								
								3. Date Incorporated or Qualified 07/31/1987		3a. Date of Last Report 01/31/1995		
2. Principal Plai	ce of Business		Mailing Address					4. FET Number		<del> </del> -	Applied For	
Suite, Apt. #	elc	26	Suite, Apt. #, etc.					74-2170627			Not Applicable	
2	, 0.0.	27	Gara, repr. #, etc.					5. Certificate of Status Desired			Additional Required	
City & State			City & State			***************************************		6. Election Campaign Financing		\$5.0	<b>0</b> мау Ве	
3		28				<del></del>		Trust Fund Contribution			d to Fees	
Zιρ <b>4</b>	Country 25	— ¬	Zip	<b> </b>	ountry	•		8. This corporation has liability for	intangible t No	ax under s	199.032,	
<del>*</del> 1	9. Name and Address of Curren	29 1 Regist	ered Agent	30	т			Florida Statutes Yes  10. Name and Address of New F		Aconi		
···					81	Name		10. Italic and Address of Hew F	ogistered.	whole:		
CT COR	PORATION SYSTEM				00	C	A -1-1	/D.O. Do. N	1-1		<del> </del>	
	PINE ISLAND ROAD				82	Street	Address	s (P.O. Box Number is Not Acceptat	10)			
PLANTATION FL 33324					83							
					84	City	******	W.A.		DE   7.		
	the provisions of Sections 607.0502					' '			FL	.     `	p Code	
or registere familiar with SIGNATURE	d agent, or both, in the State of Floric , and accept the colligations of, Sect agreture, by od or printed have of registered agunt	ion 607.0	change was authori 0505, Florida Statute	zed by the s.	e cort	ioration's	s board d	of directors. I hereby accept the app	ointment as	registered	Lagent. Lam	
12.	OFFICERS AND			13		il signature	required wh	en minstarrigi ADDITIONS/CHANGES TO OFF	DATE.	DIRECTO	DRS IN 12	
TITLE	PD	<i></i>	DELETE		TITLE		T	ADDITIONS OF ANGES TO OFF		Change	Addition	
IAME	VAGT, ROBERT F			1.2	NAME				•			
STHEET ADDRESS	5300 MEMORIAL, STE. 800			1.3	STHEET	ADDRESS						
DITY - ST - ZIP	HOUSTON TX 77007			1.4	CHY-9	ST - ZIP						
ITUE	SV		DELETE	2 1	TITLE					Change	Addition	
IAME	HUBBARD, WILLIAM D	_		22	NAME							
STREET ADDRESS	5300 MEMORIAL , STE. #80	Ю		23	STREET	ADDRESS						
DIY-SI-ZIP	HOUSTON TX		Dental		CITY-S	ST-ZIF	ļ					
TITLE NAME	vsdt Hill, eric l		☐ DELETE		TITLE					Change	☐ Addition	
STHEET ADDRESS	5300 MEMORIAL STE. #800				NAME	T ADDRESS						
CITY-ST-ZIP	HOUSTON TX				CITY - S		1					
IITLE	V	******	☐ DELETE		TITLE	2.0	<u> </u>			Change	☐ Addition	
IAME	WINKLE, LEE VAN M				NAME				•		_	
STREET ADDRESS	5300 MEMORIAL DR., #800			4.3	STREET	ADDRESS						
DITY-ST-ZIP	HOUSTON TX 77007			4.4	CHY-5	T-ZIP						
IITLE	V		☐ DELETE	5 1	TITLE					Change	Add tion	
NAME	BARNES, KELLEY M			52	NAME							
STREET ADDRESS	5300 MEMORIAL DR., #800			53	STREET	ADDRESS						
PTY-S1-ZIP	HOUSTON TX 77007		F) priete		CITY - S	11 - ZIP	1		··· · · · ·			
I-TLE			DELETE		TITLE				[	Change	Add tion	
NAME DIDECT ADDOCCO					NAME GEOGRA	40000000						
STREET ADDRESS						ADDRESS						
Criy-ST-ZiF 14. I do hereby	certify that the information supplied v	vith this f	iling is voluntarily fun	b4 pished and	CITY - S	ii -ZIP s not oii	Lialify for the	he exemption stated in Section 110	07(3)(k) Fig	vida Statut	tes Uturther	
certify that I	he information indicated on this annu am an officer or director of the corpo Block 12 or Block 13 if manued, or c	ial report	or supplemental and the receiver or truste	nual report	l is tru	ie and a	ocurate a	and that my signature shall have the	same legal	effect as if	f made under	

SIGNATURE:

April 11, 1996 (713)880-5464