## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

HARZEDOAL COMPLITED EVETEME INC

Principal Place of Business Mailing Address				
6700 HOLLISTI HOUSTON TX	ER	6700 HOLLISTER HOUSTON TX 77040		
				3. Date In 02/01
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Nur 76-0
Suite, Apt. 1	#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certifica
City & State	•	City & State		6. Election Trust Fu
Zip 24	Country 25	Zip <b>29</b>	Country 30	8. This con Persona
	9. Name and Address of Current Registered Agent			
CT CORPORATION SYSTEM   81   Na			81 Name	

## FILED May 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE corporated or Qualified /1988 nber Applied For 213541 Not Applicable \$8.75 Additional ate of Status Desired Fee Required n Campaign Financing \$5.00 May Be und Contribution Added to Fees rporation owes or has paid the current year Intangible al Properly Tax due June 30. Yes X) No and Address of New Registered Agent 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE **BROCKMAN, ROBERT T.** NAME 1.2 NAME **6700 HOLLISTER** STREET ADDRESS 1.3 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NALLEY, ROBERT M. NAME 2.2 NAME **6700 HOLLISTER** STREET ADDRESS 2.3 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE **BUNNEY, KENNETH E** NAME 3.2 NAME **6700 HOLLISTER** STREET ADDRESS 3.3 STREET ADDRESS **HOUSTON TX** 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition COOPER, CARLAN 4 2 NAME NAME **6700 HOLLISTER** STREET ADDRESS 4.3 STREET ADDRESS **HOUSTON TX** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **BIG**GS, TWYLA J NAME 5.2 NAME **6700 HOLLISTER** STREET ADDRESS 5.3 STREET ADDRESS **HOUSTON TX** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 61 TITLE THORPE, ALFRED J. NAME 62 NAME 2700 POST OAK BLVD 1750 6.3 STREET ADDRESS STREET ADDRESS **HOUSTON TX** CITY-ST-Z#P 6.4 CITY - ST - 2(P

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ettachment with an address.

1.120100