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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24114 (1)

1. Corporation Name
L.J.S. TREES, INC.

Principal Place of Business
% P.O. BOX 38038
HOUSTON TX 77238

Mailing Address
% P.O. BOX 38038
HOUSTON TX 77238



3. Date Incorporated or Qualified 05/02/1989
3a. Date of Last Report 02/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 74-1185584	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent
KLEINIK, GORDON
4190 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81. Name Robert S. Burkett, Jr.
82. Street Address (P.O. Box Number is Not Acceptable) 10201 W. Beaver St. #157
83. City Jacksonville FL 85. Zip Code 32220

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: Robert S. Burkett, Jr. Robert S. Burkett, Jr., Supervisor 2/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGE, LINDA	1.2 NAME	
STREET ADDRESS	9171 BRIAR FOREST	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENGE, GERALD	2.2 NAME	
STREET ADDRESS	31915 WALNUT CRK	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAGNOLIA TX	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVENS, SUSAN B	3.2 NAME	
STREET ADDRESS	12844 BURLINGAME	3.3 STREET ADDRESS	
CITY - ST - ZIP	OKLAHOMA CITY OK	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, WILLIAM D	4.2 NAME	
STREET ADDRESS	1165 MAREE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAXAHACHIE TX	4.4 CITY - ST - ZIP	
TITLE	CS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, KAREN	5.2 NAME	
STREET ADDRESS	15807 AUTUMNBROOK	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	5.4 CITY - ST - ZIP	
TITLE	EVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, BRIAN K.	6.2 NAME	
STREET ADDRESS	1500 WINDROCK	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	6.4 CITY - ST - ZIP	

14. I do 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 attachment with an address.

SIGNATURE: Karen Gray Karen Gray, Controller 2/26/97 713/642-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)