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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P25912 VESTMENTS, INC. OF TEX	2 (7)	F CORPORATIONS		U BIBII BURII BURII BURII BURII BURI
Principal Place of Business 1240 BLALOCK. SUITE 220 HOUSTON TX 77055		Mailing Address 1240 BLALOCK. SUITE 220 HOUSTON TX 77055-6445			
				3. Date Incorporated or Qualified 09/05/1989	3a. Date of Last Report 07/31/1996
2. Principal F	face of Business	2a. Mailing Address		4, FEI Number 76-0107251	Applied For Not Applicable
Suite, Apr. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	Z (p	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees intangible tax under s. 199.032
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Ro	egistered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			81 Name 82 Street Ar	ddress (P.O. Box Number is Not Accepta	ble)
			84 City		FL 85 Zip Code
SIGNATURE	Styrodore: typest or protect name of registered as	gent and lice if applicable (N ND DIRECTORS	NOTE: Registered Agent signature re	orporation submits this statement for the oration's board of directors. I hereby accessories the submit of the equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
THEFT ADDRESS CHY-ST-ZIP	PD ROBERTSON, GUY J., SR. 1240 BLALOCK, #220 HOUSTON TX	☐ DELETE	11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULVANEY, DOUG 6723 STELLA LINK HOUSTON TX	☐ DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
THE NAMESTREET ADDRESS CITY STORY	VSTD MCLELLAN, WILLIAM P 1240 BLALOCK #220 HOUSTON TX	DELETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		Change Addition
DILE HAME STREET ADDRESS CITY: \$1:700		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
THEE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addilion
DITE NAMI STREET ADDRESS CHY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		Change Addition
14. Ldo here	on indicated on this armyst ropost or	eupplamental annual report i	alify for the exemption sta	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same leg port as required by Chapter 607, Florida	al affact as if made under eath: that l

SIGNATURE:

FILED

May 12 1997 8:00am

Secretary of State