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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P30420

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CHARE	CHEDAY	BARBA OFBACKET C	ODD
SHUBE	FNFRIST	MANAGEMENT (A JKP.

Principal Place	of Business	Mailing Addres	s			A DERIONAL AND FILLS RANGE ROUND INDI-	I MBII GIŞIK BIE	(1 418 1) (/## # ## #
1221 LAMAR SUITE 1301		1221 LAMAR STE 1301								
		US US	HOUSTON TX 77010 US			3. Date incorporated or Qualified 08/06/1990	The state of the s			
2. Principal Pla	ce of Business	2a. Mailing Add	dress			4. FEI Number			Applied	
21		26				75-2338631			Not App	
Suite, Apt. #	, etc.	Suite, Apt.				5. Certificate of Status Desired		Fe	75 Addition	d
City & State		Oity & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip				8. This corporation has liability for intangible tax under s 199.032,				
24	L			30		Florida Statutes Yes No				
	9. Name and Address of Currer	it Registered Agen	<u> </u>	B1	Name	10. Name and Address of New R	egistereo A	tgent		
				"	Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					Street A	dress (P.O. Box Number is Not Acceptable)				
PLANTA	TION FL 33324			83						
				84	City			85	Zip Code	
44 (2)	About the contract of Contract CO7 OF OC	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	de Otal dan din ah			the state of the s	FL.		ta saciatora	d effec
or registere	or the provisions of Sections 607.0502 id agent, or both, in the State of Flori n. and accept the obligations of, Sect	da. Such change wa:	s authorized by the	corp	oration's t	rporation submits this statement for the pur poard of directors. I hereby accept the appo	pose or cha pintment as	registe	red agent.	l am
SIGNATURE				., ,						
	Signature, typed or printed name of registered agent		(NOTE Register)		it signature re:	pured wher reinstatings ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIREC	TORS IN 1	12
TITLE	CD	D DIRECTORS		TITLE		ADDITIONS CHANGES TO GET		7 Chan		
NAME	SHOEMAKER, ALVIN, V		1	NAME					,,	
STREET ADDRESS	310 SOUTH ST				ADDRESS					
CITY-ST-ZIP	MORRISTOWN NJ			011 Y - S						
TITLE	DVP	□ DE		TITLE	1-21/	· · · · · · · · · · · · · · · · · · ·	ŗ	7 Chan	ge	ddition
NAME	SIMON, WILLIAM E. J	۵		NAME			4			
STREE! ADDRESS	10990 WILSHIRE BLVD., ST	1750			ADDRESS					
CITY-ST-ZIP	LOS ANGELES CA	L. 1700	240		i					
TITLE	PAS			TITLE			Г	Chan	ge	ddition
NAME	HEROD, STEVE W			NAME			-	_	_	
STREET ADDRESS	1221 LAMAR, STE. 1301		33	STREE	ADDRES\$:	,			
CITY-ST-ZIP	HOUSTON TX			CHTY - S	!					
TITLE	DSVP	⊘ OE		TITLE		DSVP		Chan	ge 🚜 Ac	ddition
NAME	RICHARDS, ANDREW	_		NAME	i	HULLETT, CONON- 310 SOUTH ST.			·	
STREET ADDRESS	310 SOUTH ST.		4.3	STREET	ADDRESS	310 South St.				1
CITY+ST-ZIP	MORRISTOWN NJ			DITY - S	T- ZIP	MORRESTOWN, NI				
TITLE	VPAS	□ DE		TITLE				Chan	ge 🔲 Ad	ddition
NAME	SEXTON, W TIM		5.2	NAME						
STREE! ADDRESS	1221 LAMAR STE 1301		5.3	STREET	ADDRESS					ļ
CITY-ST-ZIP	HOUSTON TX		5.41	CITY - S	T - ZIP					
TITLE		DE		TITLE			Ē	Chan	ge 🔲 Ad	ddilion
NAME			6.2	NAME						
STREET ADORESS			6.3	STREET	ADDRESS					
CITY - ST - ZIP			6.41	DITY-S	IT-ZIP					
44	and the street street and a second second second	No. 11. Control of the second				6. for the automotion stated in Contine 110	07/21/th Etc.	1-1- 04	-AA 1 6	46

4. 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), Fiorida 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 that need for on an attention with an address.

SIGNATURE:

STEVE W HERAD, PAGSSDEST 4/11/96 713-789-4806

CR2F034 (12/9