

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P33095** (1)
1. Corporation Name
TEXPAR ENERGY, INC.



Principal Place of Business: **2020 SPRINGDALE RD. WAUKESHA WI 53186-2842**
Mailing Address: **2020 SPRINGDALE RD. WAUKESHA WI 53186-2842**

3. Date Incorporated or Qualified: **03/11/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-3317921**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip 25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip 30. Country

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **PD** NAME: **RIVAS, ROBERT** [] DELETE
STREET ADDRESS: **2020 SPRINGDALE RD. WAUKESHA WI**
CITY-ST-ZIP: **WAUKESHA WI**
TITLE: **V** NAME: **BYHRE, RICHARD L.** [] DELETE
STREET ADDRESS: **2020 SPRINGDALE RD. WAUKESHA WI**
CITY-ST-ZIP: **WAUKESHA WI**
TITLE: **S** NAME: **BAHR, JAMES** [] DELETE
STREET ADDRESS: **2020 SPRINGDALE RD. WAUKESHA WI**
CITY-ST-ZIP: **WAUKESHA WI**
TITLE: **T** NAME: **BAHR, JAMES** [] DELETE
STREET ADDRESS: **2020 SPRINGDALE RD. WAUKESHA WI**
CITY-ST-ZIP: **WAUKESHA WI**
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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), 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: *Robert Rivas* **ROBERT RIVAS, PRES.** 5/1/96 (414) 548-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)