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FILED
May 08 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 # P35972 (9)

1. Corporation Name
AMR COMBS, INC.



Principal Place of Business: **4333 AMOM CARTER BLVD STE 5675 FORT WORTH TX 76155-2805 US**
 Mailing Address: **4333 AMOM CARTER BLVD STE 5675 FORT WORTH TX 76155-2805 US**

3. Date Incorporated or Qualified: **10/15/1991**
 3a. Date of Last Report: **04/27/1996**
 4. FEI Number: **48-1052682**
 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, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30
 Suite, Apt. #, etc.
 City & State
 Zip 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	CD	<input type="checkbox"/> DELETE
NAME	CRANDALL, R.L.	
STREET ADDRESS	5243 PARK LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARTY, D.J.	
STREET ADDRESS	8812 DOUGLAS LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDERSON, ROBERT P.	
STREET ADDRESS	4333 AMOM CARTER BLVD., MD 5675	
CITY-ST-ZIP	FORT WORTH TX 76155-2805	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARLETT, C.D.	
STREET ADDRESS	4333 AMOM CARTER BLVD., MD 5675	
CITY-ST-ZIP	FORT WORTH TX 76155-2805	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JACKSON, JEFFREY M.	
STREET ADDRESS	4333 AMOM CARTER BLVD., MD5675	
CITY-ST-ZIP	FORT WORTH TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARDEY, GERARD J.	
STREET ADDRESS	4333 AMOM CARTER BLVD., MD 5675	
CITY-ST-ZIP	FORT WORTH TX 76155-2805	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Asst. Corp. Secretary
4.3 STREET ADDRESS	J. Otto Gannon
4.4 CITY-ST-ZIP	4333 Amom Carter Blvd, MD 5675
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.

SIGNATURE: _____ **SIGNATURE REQUIRED** **4-24-97 817-931-4426**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)