

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38367** (9)

1. Corporation Name  
**EWR RANGERS CORPORATION**



Principal Place of Business: **500 CRESCENT COURT, SUITE 250 DALLAS TX 75201**  
Mailing Address: **500 CRESCENT COURT, SUITE 250 DALLAS TX 75201**

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

3. Date Incorporated or Qualified: **04/16/1992**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **75-2278345**  
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

9. Name and Address of Current Registered Agent

**SHAW, ANDREW, ESQ.  
1390 MAIN STREET, 6TH FLOOR  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 further authorized and accept the obligations of Section 607.1509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ROSE, EDWARD W., III	
STREET ADDRESS	500 CRESCENT COURT, #250	
CITY, STATE, ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAYNE, MARSHALL B.	
STREET ADDRESS	500 CRESCENT COURT, #250	
CITY, STATE, ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRADY, DEBBIE	
STREET ADDRESS	500 CRESCENT COURT, #250	
CITY, STATE, ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. 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 change is being made, and is listed with an address.

SIGNATURE: *Debbie Crady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Debbie Crady**

1/12/96 (214) 8716809

CR2E034 (12/95)