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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 1. Corporation Name	P9400004795 (8)					
CALABAZA CHARTE	ERS, INC.					
Principal Place of Business	Maihr	Mailing Address				
500 CARLSON CIR., SUITE 300 SAN MARCOS TX 78666	•	500 Carlson Cir., Suite 300 San Marcos TX 78666				



500 CARLSON CIR., SUITE 300 SAN MARCOS TX 78666			500 CARLSON CIR., SUITE 300 SAN MARCOS TX 78666		3. Date Incorporated or Qualified	3a. Date of Last Report	
2. Principal Pia	and of Business _	22	Majing Addrage			01/11/1994 4. FET Number	04/25/1995
	ARLSON GRELLE	26	Mailing Address	CSON	CIRCLE	65-0458161	Applied For Not Applicable
Suite, Apt. #		1	Suite, Apt. #, etc.			5. Certificate of Status Desired	- \$8.75 Additional
22		27					Fee Required
City & State	MARCOS, 7X	28	City & State SAN MAN			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP 786	Country	F1	78/2/26		untry Luix	8. This corporation has liability for i	intang ble tax under si 199 032
24 706	9. Name and Address of Curre	29 ent Regist	ered Agent	30	ביותה	Florida Statutes Yes 10. Name and Address of New R	
	o, manifest and real control	Tiogiot	crod Agent		81 Name	70. Haile Blid Address of New F	legisterau Agent
BATZ, C	SARY C				82 Street Addre	ess (P.O. Box Number is Not Acceptab	John John John John John John John John
6549 S.E. SOUTH MARINA WAY			52 Street Addre	ess (m.o. box inumber is not Acceptati	ne)		
STUAR	T FL 34996				83		
					84 City		85 Zip Code
							PL
or registere	o the provisions of Sections 607,050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	rida. Suchi	change was authoriz	ed by the	ove named corporation's boar	ation submits this statement for the pur d of directors. I hereby accept the appr	pose of changing its registered office ointment as registered agent. I am
SIGNATURE _							
12.	Signature, typed or printed reache of registered ages OFFICERS Aft	·		11 Hajiba 13.	il Agent 8 graft forte provi	ADDITIONS/CHANGES TO OFF	LIASE
TITLE	PSTD	NO DINC	DELETE			ADDITIONS CHANGES TO OFF	Change Addition
NAME	LOVELADY, HAROLD E					0	
STREET ADDRESS	500 CARLSON CIR., SUITE	300			STREET ADDRESS 4	OI CARLSON CIRCLE	
CITY-ST-ZIP	SAN MARCOS TX 78666				DITY-ST-7iP		
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GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

GET THE COUNTY FOR THE PRINTED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

TO the exempt on stated in the time information in the information indicated on this annual preport is true and accurate and that my signature shelf 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 60?, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attraction with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR

4-29-86 312-392-6284