FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am Secretary of State

Principal Place of Business 901 WESTHEIMER. #1100 HOUSTON TX 77042 POUR PROPOSITION TX 77042 Mailing Address 901 WESTHEIMER. #1140 HOUSTON TX 77042									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1994				
2. Principal P	lace of Busi	noss	20. 1	2a. Mailing Address					4. FEI Number		TAI	pplied For	┪
21			26	26					74-1967132		N	ot Applicable	9
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	7
City & State	0			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24		Country 25	- 7	Zip C			/		This corporation owes or has pa Personal Property Tax due June	_		tangible	1
	9. Name	and Address of Co	urrent Registe	red Agent			****		10. Name and Address of New Re-		gent		コ
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324						81 Name 82 Street Addres			ress (P.O. Box Number is Not Acceptable)				
,,,	MINHOI	1 6 00064				83							┪
						84	City			Fi.	85 Zip	Code	$\frac{1}{2}$
44 Durayont I	to the provin	ions of Costions 603	7 0502 and 603	7 1509 Florido Stalu	too tho e	, hove	l named		ration submits this statement for the		shanging ii	to registered	4
office or re agent. I ar	egistered aç m familiar w	pent, or both, in the lith, and accept the c	State of Florida obligations of,	n. Such change was Section 607.0505, F	authorize lorida Sta	d by	y the corp s.	ooratio	ration submits this statement for the pin's board of directors. I hereby acception	of the appo	intment as	registered	
SIGNATURE													-
12.	Signature, typed	For printed name of register OFFICERS	ad agent and tille if it		TE: Registere	ed Age	ent signelure	required	(when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	RS IN 12	- 6
TITLE	DPT	OTTIOLIN	STATE CITEOT	DELETE	1.1 T	ITLE			NDDITIONS OF INTEGER		Change	Addition	
NAME	MORGAN, I. RONALD					1.2 NAME							3
STREET ADDRESS	3300 S.	GESSNER, SUIT	E 100	1.3			1.3 STREET ADDRESS						18
CITY-ST-ZIP	HOUST	ON TX			1.4 0	ITY-S	7-ZIP						្រី
TITLE	DVS			DELETE	2.1 T	ITLE					Change	Addition	٦٢
NAME		N, MICHAEL S			2.2 N	IAME							
STREET ADDRESS		Gessner, Suiti	E 100		2.3 5	TREET	ADDRESS						
CITY-ST-ZIP	HOUST	ON TX					ST-ZIP						↲
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NAME					3.2 N								
STREET ADDRESS							ADDRESS						
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NAME					4.17						Change	L) ADDITION	ļ
li						NAME	ADDRESS		. Sagarangan mangaharan			-	
STREET ADDRESS												<u> </u>	T
CITY-ST-ZIP TITLE				☐ DELETE	5.1 T	ITY-S ITLE	11 - ZIF				Change	☐ Addition	1
NAME						IAME					•		
STREET ADDRESS					•		ADDRESS						
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TETLE				☐ DELETE	6.1 T						Change	Addition	٦
NAME					6.2 N	AME	ļ						-
STREET ADDRESS					6.3 S	TAEET	AODRESS						1
CITY-ST-ZIP		 			6.40	HTY-S	T-ZIP						_

I 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, or on an attachment with an address.