

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT 23 PH 3: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000039610 (6)

1. Corporation Name
N3M, INC.

Principal Place of Business
**12851 BRIAR FOREST
SUITE 190
HOUSTON TX 77077**

Mailing Address
**12651 BRIAR FOREST
SUITE 190
HOUSTON TX 77077**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 814 WYCLIFFE DR.
Suite, Apt. #, etc.
22 N/A
City & State
23 HOUSTON, TEXAS
Zip Country
24 77079 25 USA

2a. Mailing Address
26 814 WYCLIFFE DR.
Suite, Apt. #, etc.
27 N/A
City & State
28 HOUSTON, TEXAS
Zip Country
29 77079 30 USA

3. Date Incorporated or Qualified
05/08/1996

3a. Date of Last Report
MA INITIAL

4. FEI Number
58-223 7935

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

**954-473-5503
1-800-324-0754**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
400002329204--4
83
-10/24/97--01085--017
84 City
*******750.00 FL *****750.00**

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 *[Signature]* **Assy Secretary** **10/21/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MERCHANT, JOHNNIE	2946 RANMONT	KATY TX 77449	<input type="checkbox"/>
D	NICKEL, BRUCE	19222 OAK VIEW TERR.	HOUSTON TX 77094	<input type="checkbox"/>
D	SCHNAKENBERG, MICHAEL	3046 LA QUINTA	MISSOURI CITY TX 77459	<input type="checkbox"/>
D	MUNCHAK, MICHAEL	1714 RANDONS POINT	SUGAR LAND TX 77478	<input type="checkbox"/>
D	MATTHEWS, BRUCE	3906 E. CREEK CLUB	MISSOURI CITY TX 77459	<input type="checkbox"/>
D	FRANKE, DAVID	814 WYCLIFFE DR.	HOUSTON TX 77079	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

REINSTATEMENT

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, or on an attachment with an address.

SIGNATURE: *[Signature]* **David J. Franke, Asst. Treasurer, Secretary, 9/30/97 713-529-9336**

CR2E034 (4/97)