

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M83660** (4)  
 1. Corporation Name  
**OGREN'S ENTERPRISES, INC.**



Principal Place of Business: **7212 NETHERLANDS LN. PLANO TX 75025**  
 Mailing Address: **7212 NETHERLANDS LN. PLANO TX 75025**

3. Date Incorporated or Qualified: **05/27/1988**  
 3a. Date of Last Report: **03/21/1995**  
 4. FEI Number: **65-0058865**  
 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: **Same**  
 2a. Mailing Address: **Same**  
 21. Suite, Apt #, etc: **Same**  
 22. City & State: **Same**  
 23. Zip: **Same**  
 24. Country: **Same**

9. Name and Address of Current Registered Agent  
**OGREN, LINDA E.**  
**1881 UNIVERSITY DR., SUITE 107**  
**CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent  
 81 Name: **None**  
 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: *[Signature]* 8/1/96

12. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | CTD                   | <input type="checkbox"/> DELETE            |
| NAME           | OGREN, LINDA E.       |  |
| STREET ADDRESS | 7212 NETHERLANDS LANE |  |
| CITY-ST-ZIP    | PLANO TX              |  |
| TITLE          | PSD                   | <input type="checkbox"/> DELETE            |
| NAME           | OGREN, DENNIS R.      |  |
| STREET ADDRESS | 7212 NETHERLANDS LANE |  |
| CITY-ST-ZIP    | PLANO TX              |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | OGREN, JONATHAN A.    |  |
| STREET ADDRESS | 7212 NETHERLANDS LANE |  |
| CITY-ST-ZIP    | PLANO TX              |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | OGREN, JULIE A.       |  |
| STREET ADDRESS | 7212 NETHERLANDS LANE |  |
| CITY-ST-ZIP    | PLANO TX              |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-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-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an addendum with an address.

SIGNATURE: *[Signature]* 8/1/96

CRZE034 (3/96)