

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005561 (4)**

1. Corporation Name

GARDEN RIDGE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

19411 ATRIUM PLACE, SUITE 170
HOUSTON TX 77084

19411 ATRIUM PLACE, SUITE 170
HOUSTON TX 77084

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

11/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

APPLIED FOR 760184961

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

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

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent or director (Type, date)

(NOTE: Registered Agent Signature required when agent changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: DCEO SHAPIRO, ARMAND
STREET ADDRESS: 19411 ATRIUM PLACE, SUITE 170
CITY-ST-ZIP: HOUSTON TX 77084

TITLE DELETE

NAME: DP LEWIS, JACK E
STREET ADDRESS: 19411 ATRIUM PLACE, SUITE 170
CITY-ST-ZIP: HOUSTON TX 77084

TITLE DELETE

NAME: DVST ARBUTHNOT, JANE
STREET ADDRESS: 19411 ATRIUM PLACE, SUITE 170
CITY-ST-ZIP: HOUSTON TX 77084

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Arbuthnot

3-3-96

713-579-7901

Date

Office Phone #

CR2E034 (12/95)