

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

0115925

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F95000005561 (4)**  
 1. Corporation Name

**GARDEN RIDGE MANAGEMENT, INC.**



Principal Place of Business <b>19411 ATRIUM PLACE, SUITE 170 HOUSTON TX 77084</b>	Mailing Address <b>19411 ATRIUM PLACE, SUITE 170 HOUSTON TX 77084</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/14/1995</b>	
4. FEI Number <b>76-0484961</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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	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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAPIRO, ARMAND</b>	
STREET ADDRESS	<b>19411 ATRIUM PLACE, SUITE 170</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77084</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, JACK E</b>	
STREET ADDRESS	<b>19411 ATRIUM PLACE, SUITE 170</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77084</b>	
TITLE	<b>DVST</b>	<input type="checkbox"/> DELETE
NAME	<b>ARBUTHNOT, JANE</b>	
STREET ADDRESS	<b>19411 ATRIUM PLACE, SUITE 170</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77084</b>	
TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Patrick Richard</b>	
STREET ADDRESS	<b>19411 Atrium Place Suite 170</b>	
CITY-ST-ZIP	<b>Houston Texas 77084-6099</b>	
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

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

14. 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.

SIGNATURE: Patrick Richard **REQUIRED** Date: 7/20/98 **281579 7901**

CR2E034 (5/98)