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

PROFIT
--CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

| 1. ° | Jorporation | MENT # 2878 THES MANAGEMENT | ` ' | | | |
|--|--|---|---|--|---|---|
| Prin | cipal Place | of Business | Mailing Address | | | firi arant miārr atası drais 1861 |
| ONE MOODY PLAZA | | PLAZA | ONE MOODY PLAZA | | | |
| 14 FL | | | 14 FL | _ | | |
| GALVESTON TEXAS 77550 US | | TEXAS 77550 | GALVESTON TEXAS 7 US | 77550 | DO NOT WRITE IN THIS | SPACE |
| U | , | | 03 | | Date Incorporated or Qualified 12/07/1964 | |
| | Orinainal Ol | ace of Duninger | 2a, Mailing Address | | 4. FEI Number | Applied For |
| | 2. Principal Place of Business | | 26. (Vidining Accoress) | | 59-1145041 | Not Applicable |
| 21 | Suite, Apt. | #. etc | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | | 27 | | 5. Certificate of Status Desired | Fee Required |
| | City & State |) | Cily & State | ···· | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | | 28 | | Trust Fund Contribution | Added to Fees |
| | Žip | Country | Zip | Country | 8. This corporation owes or has paid the cu | urrent year Intangible |
| 24 | | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | | Name and Address of (| Current Registered Agent | | 10. Name and Address of New Registered | i Agent |
| Į. | | CORPORATION SYSTEM | | 81 Name | | |
| 1200 S. PINE ISLAND ROAD | | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| PLANTATION FL 33324 | | | | - | | |
| | | | | 83 | | |
| | | | | 84 City | | 85 Zip Code |
| | | | 07.0000 | | Fl | |
| 11. | Office or re | to the provisions of Sections 6 e gist ered agent, or both, in the | 07.0502 and 607.1508, Florida Sta • State of Florida: Such change wa | itutes, the above-named as authorized by the cor | d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the ap | of changing its registered pointment as registered |
| İ | agent. Lar | m familiar with, and accept the | e obligations of, Section 607.0505, | Florida Statutes. | | |
| SIG | nature , | Signature, typed or jettified name of regist | | | | Į. |
| 12. | | | | UZSIC Demoteracy Asset a sent or | DATE | |
| TITLE | | | | NOTE Registered Agent signatur 13. | | ID DIRECTORS IN 12 |
| 111111111111111111111111111111111111111 | | | RS AND DIRECTORS DELETE | NOTE Registered Agent's gnatur 13, 11 Title | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 Change L Addition |
| NAMI | } | | RS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| NAMI | } | V OFFICES | RS AND DIRECTORS | 13. 11 Tille | ANDITIONS/CHANGES TO OFFICERS AN | Change Addition |
| NAM! STRE | e et address | V OFFICES UNGER, EMERSON V. | RS AND DIRECTORS | 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS | AVP ANNE M. LEMITE One modey Plaza | Change Addition |
| NAM! STRE | E Et address -St-Zip | V UNGER, EMERSON V. ONE MOODY PLAZA | RS AND DIRECTORS | 13. 11 THLE 1.2 NAME | ANDITIONS/CHANGES TO OFFICERS AN | Change Addition |
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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 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 chapter 607 an attachment your an address.

AND MILEMANDE M. LeM.

4/28/99

(409) 763 2767

May 19 1998 8:00am

Secretary of State

CR2E034 (10/97)