

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

FILED
Jan 23 1998 8:00am
Secretary of State

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

DOCUMENT # **858379** (1)
1. Corporation Name
OMNIPLAN, INCORPORATED

Principal Place of Business 2711 N. HASKELL AVENUE SUITE 1340. LB 16 DALLAS TE 75204 US	Mailing Address 2711 N. HASKELL AVENUE SUITE 1340. LB 16 DALLAS TE 75204 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 same as above Suite, Apt. #, etc.		2a. Mailing Address 26 same as above Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/07/1983
22 City & State 23		27 City & State 28		4. FEI Number 75-1320079 Applied For ☐ Not Applicable
24 Zip 25 Country		29 Zip 30 Country		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 CT CORPORATION SYSTEM 1200 S. 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLB, KEY 2711 N. HASKELL, SUITE 1340, LB 16 DALLAS TX ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILWORTH, MARK 2711 N. HASKELL, SUITE 1340, LB 16 DALLAS, TX 00000 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSLOW, STEPHENJ. A 2711 N. HASKELL, SUITE 1340, LB 16 DALLAS TX ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, GRAY G. A 2711 N. HASKELL, SUITE 1340, LB 16 DALLAS TX ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP ARCHER, MICHAEL 2711 N. HASKELL, SUITE 1340, LB 16 DALLAS TX ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA MATHEWS, JAMES 2711 N. HASKELL, SUITE 1340, LB 16 DALLAS TX ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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:

Stephen J. Winslow

Jan 12/98 214 826 7080

CR2E034 (10/97)