

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

FILED
Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000005077 (0)

1. Corporation Name
JPI TEXAS DEVELOPMENT, INC.



Principal Place of Business
600 EAST LAS COLINAS BLVD., STE 1800
IRVING TX 75039

Mailing Address
600 EAST LAS COLINAS BLVD., STE 1800
IRVING TX 75039-5625

3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report
4. FEI Number 75-2440939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 **FL**

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 fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER III, J F	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., STE 1800	
CITY - ST - ZIP	IRVING TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RIDDICK, W P	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., STE 1800	
CITY - ST - ZIP	IRVING TX	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHUBERT JR, FRANK B	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., STE 1800	
CITY - ST - ZIP	IRVING TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CARPENTER III, JOHN W	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., STE 1800	
CITY - ST - ZIP	IRVING TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, C C	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., STE 1800	
CITY - ST - ZIP	IRVING TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRIGNON, GUY E	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., STE 1800	
CITY - ST - ZIP	IRVING TX	

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 do 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, attached, or on an attachment with an address.

SIGNATURE: *C. C. Harris* 1/8/97 (972) 556-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: C. C. HARRIS, C. C. HARRIS, PRESIDENT Day: me Phone #

CR2E034 (9/96)