

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

FILED

Mar 17 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 # F96000005401 (2)
 1. Corporation Name
MAI OF TEXAS, INC.



Principal Place of Business: **2445 GATEWAY DRIVE, SUITE 150 IRVING TX 75063**
 Mailing Address: **2445 GATEWAY DRIVE, SUITE 150 IRVING TX 75063-2745**

3. Date Incorporated or Qualified: **10/16/1996**
 3a. Date of Last Report

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 73-1347577	Applied For 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 type="checkbox"/> No													

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERCHMAN, PAUL R	1.2 NAME	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLENBERGER, DAVID A MD	2.2 NAME	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, KEVIN D SR	3.2 NAME	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	3.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, MICHAEL G SR	4.2 NAME	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVY, MARK	5.2 NAME	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITZKER, LEON	6.2 NAME	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX 75063	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 if changed, or on an attachment with an address.

SIGNATURE: *Mark Novy* DATE: *3/17/97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)