

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90001 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000005401**

1. Corporation Name
MAI OF TEXAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2445 GATEWAY DRIVE, SUITE 150
IRVING TX 75063

Mailing Address
2445 GATEWAY DRIVE, SUITE 150
IRVING TX 75063

3. Date Incorporated or Qualified
10/16/1996

4. FEI Number
73-1347577

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTOGERMY, THOMAS A	
STREET ADDRESS	2445 GATEWAY DR STE 150	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVECCHIO, TONY	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HILL, GARY	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORELAND, MORRIS	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILCOCK, JIM	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRITZKER, LEON	
STREET ADDRESS	2445 GATEWAY DRIVE, SUITE 150	
CITY-ST-ZIP	IRVING TX 75063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary & Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mark Novy	
1.3 STREET ADDRESS	2445 Gateway Dr. #150	
1.4 CITY-ST-ZIP	Irving TX 75063	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Herchman	
4.3 STREET ADDRESS	2445 Gateway Dr #150	
4.4 CITY-ST-ZIP	Irving TX 75063	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Kallenberger	
5.3 STREET ADDRESS	2445 Gateway Dr. #150	
5.4 CITY-ST-ZIP	Irving TX 75063	
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, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (972) 560-8999
Date Daytime Phone #

CR2E034 (11/98)