

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J49224** (5)
1. Corporation Name
CCA EAST, INC.



Principal Place of Business: **3030 LBJ FRWY 700 P.O. BOX 819087 DALLAS TX 75381**
Mailing Address: **3030 LBJ FRWY 700 P.O. BOX 819087 DALLAS TX 75381**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **12/30/1986**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **75-2155125**
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 has liability for intangible tax under s. 199.032, Florida Statutes: 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 (81-85) fields.

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: TAYLOR, TERRY	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3030 LBJ FRWY, STE 700	CITY-ST-ZIP: DALLAS TX	1.2 NAME:	
TITLE: P	NAME: JOHNSON, ROBERT	1.3 STREET ADDRESS:	
STREET ADDRESS: 3030 LBJ FRWY 700	CITY-ST-ZIP: DALLAS TX	1.4 CITY-ST-ZIP:	
TITLE: AT	NAME: ZAMBIE, R.H.	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 3030 LBJ FRWY 700	CITY-ST-ZIP: DALLAS TX	2.2 NAME:	James Hinckley
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	Jack Lupton
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	UP Jeffrey Jahnke
TITLE:	NAME:	4.3 STREET ADDRESS:	3030 LBJ Frwy Ste 700
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	Dallas, TX 75234
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	700001864507
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	-06/18/96--01011--003
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	***200.00
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	CP 5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in charged, or on an attachment with an address.

SIGNATURE: _____ DATE: _____ EXPIRES: _____

CR2E034 (12/95)