


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

FILED
Feb 17, 1999 8:00am
Secretary of State

0552191

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-17-1999 90048 018 ****150.00

DOCUMENT # P36457
 1. Corporation Name
L.D. BRINKMAN & CO. (TEXAS), INC.



Principal Place of Business 1655 WATERS RIDGE DR LEWISVILLE TX 75057 US	Mailing Address P.O BOX 569450 DALLAS TX 75356 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/19/1991	4. FEI Number 75-1232158	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State	City & State	23	28	\$5.00 May Be Added to Fees
Zip	Country	24	25	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
29	30			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAROL, THOMAS D.	1.2 NAME	
STREET ADDRESS	1655 WATERS RIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISVILLE TX	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZELL, V. LEVON	2.2 NAME	
STREET ADDRESS	1655 WATERS RIDGE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISVILLE TX	2.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULZ, JACK L.	3.2 NAME	
STREET ADDRESS	1655 WATERS RIDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISVILLE TX	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES E	4.2 NAME	
STREET ADDRESS	1655 WATERS RIDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISVILLE TX 75057	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILLS, JEFF	5.2 NAME	
STREET ADDRESS	1655 WATERS RIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISVILLE TX	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 (972) 353-3500
 Date Daytime Phone #

CR2E034 (11/98)