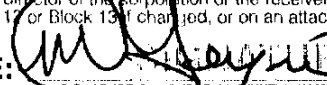


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 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 # P37409 (0)			
1. Corporation Name SANDY PARK COMMUNITY CAMPUS, INC.			
Principal Place of Business 10610 METRICK, SUITE 175 DALLAS TX 75243		Mailing Address 10610 METRICK, SUITE 175 DALLAS TX 75243	
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 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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 included on the 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 or on an attachment with an address.			
SIGNATURE:  RE Michael Tennyson VP 1-6-97 214-342-2342			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)