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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1998 8:00am

Secretary of State

Secretary of State

DOCUMENT # P93000065453 (1)

	EXPRESS FINANCE, INC.	Mailing Address			
Principal Place of Business Mailing Address  1231 GREENWAY DRIVE 1231 GREENWAY DRIVE			:		
800 900			DO NOT WEITE WITHE EDICE		
IRVING TX 75038 IRVING TX 75038 US US			DO NOT WRITE IN T  3. Date Incorporated or Qualified	HIS SPACE	
<b></b>		00		09/17/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3206802	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
4	25	28	30	Personal Property Tax due June 30.	Yes No
£T	Name and Address of Curre     Name and Address of Curre     Name and Address of Curre	ni Hegistered Agent	81 Name	10. Name and Address of New Registe	rea Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					
			82 Street Add	tress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		
			[ ] ,	poration submits this statement for the purporation's board of directors. I hereby accept the	FIL   **
SIGNATURE	Signature: typed or printed naise of registered as	ND DIRECTORS	TE Registered Agent signature requ	uired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TTLE	P DEMOTART COMMEN	DELETE	1.1 TITLE		Change Addition
IAME	NEUSTADT, DONALD H 1231 GREENWAY DR SUITE	RAA	1.2 NAME		
TREET ADDRESS	IRVING TX	000	1.3 STREET ADDRESS		
CITY-ST-ZIP	VPD VPD	DELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE		Change Addition
IAME	MCCARTY, RAYMOND E	- prefere	2.2 NAME		Crawing FABRIO
TREET ADDRESS	1231 GREENWAY DR SUITE	800	2.3 STREET ADDRESS		
HTY-ST-ZIP	IRVING TX		2. 4 CITY-ST-ZIP		* :
TLE		DELETE	3.1 TITLE		Change Additio
LAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
TY-ST-ZIP		T 80.5	3.4. CITY - \$1 - 2IP		Па
ITLE		[_] DELETE	4.1 TITLE		Change Addition
AME			4. 2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
TY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Additio
AME		throat	5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
TY-ST-ZIP			5.4 CITY-ST-ZIP	_	
TLE		DELETE	6.1 TITLE		Change Addition
AME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
11Y-ST-7IP			64 CiTY - ST - 7IP		

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustice 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, on an attachment with an address.