

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000070044 (0)**

1. Corporation Name

**3050 TAMARRON BOULEVARD INC.**



Principal Place of Business

Mailing Address

**C/O STATE BOARD OF ADMINISTRATION  
1801 HERMITAGE BLVD. SUITE 600  
TALLAHASSEE FL 32308  
US**

**C/O STATE BOARD OF ADMINISTRATION  
1801 HERMITAGE BLVD. SUITE 600  
TALLAHASSEE FL 32308  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SCHOW, HORACE II  
C/O STATE BOARD OF ADMINISTRATION  
1801 HERMITAGE BLVD, STE 600  
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**09/22/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**75-2559373**

Applied For

Not Applicable

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. 193.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 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 607.0606, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent

PA1

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, DOUGLAS W</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD, STE 600</b>	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, TODD A</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD-STE 600</b>	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PLUMLEE, DANIEL L</b>	
STREET ADDRESS	<b>8750 N. CENTRAL EXPWY. STE 800</b>	
CITY- ST- ZIP	<b>DALLAS TX 75231-6437</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, G. ANDREWS</b>	
STREET ADDRESS	<b>8750 N. CENTRAL EXPWY-STE 800</b>	
CITY- ST- ZIP	<b>DALLAS TX 75231-6437</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	
26 NAME	
27 STREET ADDRESS	
28 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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 if I am not on an attachment with an address.

SIGNATURE:

**G. Andrews Smith**  
Secretary/Treasurer

3/7/96

(214) 989-0800

CR2E034 (12/95)