

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

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070044 (0)
 1. Corporation Name
3050 TAMARRON BOULEVARD INC.



Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308 US	Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308-7703 US
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3. Date Incorporated or Qualified 09/22/1994	3a. Date of Last Report 03/20/1996
4. FEI Number 75-2559373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

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

10. Name and Address of New Registered Agent

81 Name David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd.
83 Suite 100
84 City Tallahassee
85 Zip Code FL 32308

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 *David E. Todd* **David E. Todd, Assistant General Counsel** **1-22-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE *Douglas W. Bennett* **Douglas W. Bennett, Director**

CR2E034 (9/96)