

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

FILED

**Feb 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified 09/22/1994	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVID E. TODD
1801 HERMITAGE BLVD.
STE 100
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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: _____ (NOT: 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 75231-8437
TITLE	ST <input type="checkbox"/> DELETE
NAME	SMITH, G. ANDREWS
STREET ADDRESS	8750 N. CENTRAL EXPWY--STE 800
CITY-ST-ZIP	DALLAS TX 75231-8437
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	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph W. Dingman
1.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
1.4 CITY-ST-ZIP	Dallas, TX 75231
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark V. Welch
2.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
2.4 CITY-ST-ZIP	Dallas, TX 75231
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel L. Plumlee
3.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
3.4 CITY-ST-ZIP	Dallas, TX 75231-6437
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andrews G. Smith
4.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
4.4 CITY-ST-ZIP	Dallas, TX 75231-6437
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James W. Horton
5.3 STREET ADDRESS	1801 Hermitage Blvd.
5.4 CITY-ST-ZIP	Tallahassee, FL 32308
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 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, Director**  2/25/98 850-488-4406

CR2E034 (10/97)