

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

**FILED**

**Feb 13 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000018073 (3)**  
 1. Corporation Name  
**2111 WILSON BOULEVARD INC.**



Principal Place of Business <b>1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE FL 32308</b>	Mailing Address <b>1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE FL 32308-7703</b>
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3. Date Incorporated or Qualified <b>03/06/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number <b>75-2584802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**SCHOW, HORACE II**  
**1801 HERMITAGE BOULEVARD**  
**SUITE 600**  
**TALLAHASSEE FL 32308**

**10. Name and Address of New Registered Agent**

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

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 re-appointing) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, DOUGLAS W</b>	
STREET ADDRESS	<b>1236 BLOUNTSTOWN HWY.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32304</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, TODD A</b>	
STREET ADDRESS	<b>1236 BLOUNTSTOWN HWY.</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32304</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, G. ANDREWS</b>	
STREET ADDRESS	<b>8750 N. CENTRAL EXPRESSWAY, SUITE 800</b>	
CITY - ST - ZIP	<b>DALLAS TX 75231-6437</b>	
TITLE	<b>EVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>PLUMLEE, DANIEL L.</b>	
STREET ADDRESS	<b>8750 N. CENTRAL EXPRESSWAY, SUITE 800</b>	
CITY - ST - ZIP	<b>DALLAS TX 75231-6437</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KRAUS, T. GREGORY</b>	
STREET ADDRESS	<b>8750 N. CENTRAL EXPRESSWAY, SUITE 800</b>	
CITY - ST - ZIP	<b>DALLAS TX 75231-6437</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>FARALDO, MARK P.</b>	
STREET ADDRESS	<b>8750 N. CENTRAL EXPRESSWAY, SUITE 800</b>	
CITY - ST - ZIP	<b>DALLAS TX 75231-6437</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>1801 Hermitage Blvd., Suite 100</b>
14 CITY - ST - ZIP	<b>Tallahassee, FL 32308</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>1801 Hermitage Blvd., Suite 100</b>
24 CITY - ST - ZIP	<b>Tallahassee, FL 32308</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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** **2-2-97**

CR2E034 (9/96)