

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

FILED
Feb 27 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 # P95000018073 (3)
 1. Corporation Name
2111 WILSON BOULEVARD INC.



Principal Place of Business 1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1995	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		29	
21		22		23	
24		25		26	
27		28		29	
30		31		32	

4. FEI Number 75-2584802	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 BOULEVARD STE 100 TALLAHASSEE FL 32308				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W	1.2 NAME	Welch V. Mark
STREET ADDRESS	1801 HERMITAGE BLVD., STE 100	1.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Dallas, TX 75231-6437
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TODD A	2.2 NAME	Plumlee, Daniel L.
STREET ADDRESS	1801 HERMITAGE BLVD., STE 100	2.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Dallas, TX 75231-6437
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, G. ANDREWS	3.2 NAME	Dingman, Joseph W.
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800	3.3 STREET ADDRESS	8750 N. Central Expressway, Suite 800
CITY-ST-ZIP	DALLAS TX 75231-6437	3.4 CITY-ST-ZIP	Dallas, TX 75231-6437
TITLE	EVPS <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUMLEE, DANIEL L.	4.2 NAME	Horton, James W.
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800	4.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 100
CITY-ST-ZIP	DALLAS TX 75231-6437	4.4 CITY-ST-ZIP	Tallahassee, FL 32317
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, T. GREGORY	5.2 NAME	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231-6437	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARALDO, MARK P.	6.2 NAME	
STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231-6437	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** *[Signature]* 2/26/98 850-488-4406

CP2E034 (10/97)