

**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 # P95000018079 (0)**  
 1. Corporation Name  
**2039 WILSON BOULEVARD INC.**



Principal Place of Business <b>1801 HERMITAGE BOULEVARD SUITE 800 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. 22. City & State 23. Zip 24. Country	25. Mailing Address Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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4. FEI Number <b>75-2584804</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 32304**

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** **FL** 85. Zip Code **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 of 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	<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. A</b>
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY, STE 800</b>
CITY - ST - ZIP	<b>DALLAS TX 75321-8437</b>
TITLE	<b>EVPS</b> <input type="checkbox"/> DELETE
NAME	<b>PLUMLEE, DANIEL L</b>
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY, STE 800</b>
CITY - ST - ZIP	<b>DALLAS TX 75321-8437</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>KRAUS, T. G</b>
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY, STE 800</b>
CITY - ST - ZIP	<b>DALLAS TX 75321-8437</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>FARALDO, MARK P</b>
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY, STE 800</b>
CITY - ST - ZIP	<b>DALLAS TX 75321-8437</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1801 Hermitage Blvd., Suite 100</b>
1.4 CITY - ST - ZIP	<b>Tallahassee, FL 32308</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1801 Hermitage Blvd., Suite 100</b>
2.4 CITY - ST - ZIP	<b>Tallahassee, FL 32308</b>
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** **2-2-97**

CR2E034 (9/96)