

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 150877 (9)
 1. Corporation Name
CENTEX-ROONEY CONSTRUCTION CO., INC.



Principal Place of Business 6300 NW 5 WAY FT LAUDERDALE FL 33309 US	Mailing Address P.O. BOX 199000 DALLAS TX 75219 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2728 N. Harwood St. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/30/1947	
22 City & State 23 Dallas, TX		27 City & State 28		4. FEI Number 59-0605016	
24 Zip 75201		25 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 30		29 Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, FREDERICK E	12 NAME	
STREET ADDRESS	6300 NW 5TH WAY	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMERGE, RAYMOND G	22 NAME	
STREET ADDRESS	3333 LEE PARKWAY	23 STREET ADDRESS	2728 N. Harwood St.
CITY-ST-ZIP	DALLAS, TX 0	24 CITY-ST-ZIP	Dallas, TX 75201
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	T/D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPORRIN, GARY P	32 NAME	
STREET ADDRESS	6300 NW 5TH WAY	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, BOB L.	42 NAME	
STREET ADDRESS	6300 NW 5TH WAY	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERN, RAYMOND C.	52 NAME	
STREET ADDRESS	6300 NW 5TH WAY	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	Fort Lauderdale, FL 33309
TITLE	VP <input checked="" type="checkbox"/> DELETE	61 TITLE	AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMMACK, JOHN W	62 NAME	Janet L. Erickson
STREET ADDRESS	6300 N.W. 5TH WAY	63 STREET ADDRESS	2728 N. Harwood St.
CITY-ST-ZIP	FORT LAUDERDALE FL	64 CITY-ST-ZIP	Dallas, TX 75201

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: Janet L. Erickson *Janet Erickson* 4/30/98 (214) 981-5000

CR2E034 (10/97)