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FILED

**Jan 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003762 (2)

1. Corporation Name
PAS FINANCIAL GROUP, INC.



Principal Place of Business: **6301 CAMPUS CIRCLE DRIVE, EAST STE. 100 IRVING TX 75063-2791**
Mailing Address: **6301 CAMPUS CIRCLE DRIVE, EAST STE. 100 IRVING TX 75063-2791**

3. Date Incorporated or Qualified: **08/16/1993**
3a. Date of Last Report: **02/12/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2b. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number: **75-2321226**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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

Signature type of printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	BECK, JERRY DON	
STREET ADDRESS	1410 WHITE CHAPEL ROAD	
CITY-ST-ZIP	SOUTHLAKE TX	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HART, MARGARET CLARA	
STREET ADDRESS	6301 CAMPUS CIRCLE DR E, STE 100	
CITY-ST-ZIP	IRVING TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BECK, JERRY DON	
1.3 STREET ADDRESS	1410 WHITE CHAPEL ROAD	
1.4 CITY-ST-ZIP	SOUTHLAKE, TX 76092	
2.1 TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HART, MARGARET CLARA	
2.3 STREET ADDRESS	6301 CAMPUS CIRCLE DR E, STE 100	
2.4 CITY-ST-ZIP	IRVING, TX 75063	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOSLEY, LARRY DEAN	
3.3 STREET ADDRESS	6301 CAMPUS CIRCLE DR E, STE:100	
3.4 CITY-ST-ZIP	IRVING, TX 75063	
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

(972) 750-0212

Daytime Phone #

CR2E034 (9/96)