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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300003987 (5)

IRWIN LITHLITIES OF TEXAS, INC.

Principal Place 8331 HOYLE A DALLAS TX 75 US	VENUE	Mading Address 8331 HOYLE AVENUE DALLAS TX 75227-4223 US				
					3. Date Incorporated or Qualified 09/02/1993	3a. Date of Last Report 05/01/1996
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number 75-2424759	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
City & State	e	City & State	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	9 Name and Address o	29 September 1997 199	30		Florida Statutes Yes No 10, Name and Address of New Registered Agent	
						, is is to a rigoria
	2 BROOKMEADE DRIVE		82 Street Ac		CORPORATION SYSTEM	
	ASOTA FL 34232				ess (P.O. Box Number is Not Acceptable O SOUTH PINE ISLAND F	ROAD
			83			
	e de la companya de l		84	City DT A	NOITATION	FL 85 Zip Code 33324
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, li				c-named corp	oration submits this statement for the pr	urpose 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. Thereby accept the appointment as registered agent, t am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE		////	/		MICHAEL E.	JONES
12.	Signature, typed or puriled name of re-	gisterio and the Hamilian to NOT	I Registered Ap	ent signature requir	AFASSISTANTS FO	ERS AND DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 1016		,	☐ Change ☐ Addition
NAME	IRWIN, LORIE W		1.2 NAME			
STREET ADDRESS	8331 HOYLE AVENUE		1 3 STREE	1 ADDRESS		
CITY-ST-ZIP	DALLAS TX	DELETE	1.4 CITY-5	ST - 7/P		Change Addition
TITLE NAME		DECETE	2.1 TITLE 2.2 NAME			L., Change L., Abonion
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP	1		2. 4 CITY-			
TITLE		OFLETE	3 1 TILLE	1,2		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE			3.4. CHY-	S1 - ZIP		Change Addition
NAME		4 :				
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP	4.4 C		4.4 CITY - 9	S1 - ZIP		
TITLE		DELFIE	5.1 TALE			Change Addition
NAME			5.2 NAME	-		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY-5	S1 - 7IP		Change Addition
NAME			6.2 NAME			C Change C Addition
STREET ADDRESS				T ADDRESS		
						ļ

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the proposition 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 or changed, or m an attachment with an address.

FILED

Jun 25 1997 8:00am

Secretary of State