


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

FILED
Jan 29 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 # F93000004560 (9)

1. Corporation Name
ASSOCIATION DENTAL PLAN, INC.



Principal Place of Business 121 E. HARWOOD ROAD HURST TX 76054 US	Mailing Address 121 E. HARWOOD ROAD HURST TX 76054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 13601 Preston Road	26 13601 Preston Road			10/05/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 717 East		27 Suite 717 East		52-1781037	
City & State		City & State		Applied For	
23 Dallas, TX		28 Dallas, TX		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 75240		29 75240		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		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 type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNETT, PETER R.			1.2 NAME			
STREET ADDRESS	13601 PRESTON ROAD, SUITE 500 E			1.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAPE, MARK E.			2.2 NAME	VP, S, T		
STREET ADDRESS	13601 PRESTON ROAD, SUITE 500 E			2.3 STREET ADDRESS	John W. McCarty		
CITY-ST-ZIP	DALLAS TX			2.4 CITY-ST-ZIP	13601 Preston Road, Suite 500 East		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILCOX, WILLIAM H.			3.2 NAME			
STREET ADDRESS	13601 PRESTON ROAD, SUITE 500 E			3.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHERMAN, BRUCE DR.			4.2 NAME	AS		
STREET ADDRESS	405 LEXINGTON AVE., TOWER #70TH FLOOR			4.3 STREET ADDRESS	David K. Meyercord		
CITY-ST-ZIP	NEW YORK NY 10174			4.4 CITY-ST-ZIP	901 Main Street, Suite 4300		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHARPE, FRED L DR.			5.2 NAME			
STREET ADDRESS	2121 PRECINCT LINE RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	HURST TX 76054			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENSEN, JEFFREY			6.2 NAME			
STREET ADDRESS	2121 PRECINCT LINE RD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	HURST TX 76054			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)(f), 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: *Peter R. Barnett* SIGNATURE REQUIRED: Peter R. Barnett 972-458-7474

CR2E034 (10/97)