## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9300005743 (0)

2. Principal Place of Business	e of Last Report 5/01/1995 Applied For
SUITE 1800   SUITE 1800   600 E. LAS COLINAS BLVD.   IRVING TX*75039   IRVING TX*75039   3. Date Incorporated or Qualified   3a. Date   12/20/1993   0.	5/01/1995 Applied For
3. Date incorporated or Qualified 12/20/1993 00  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 75-2379379  Suite Act # etc. Suite Act # etc.	5/01/1995 Applied For
2. Principal Place of Business         2a. Mailing Address         4. FEI Number           21         26         75-2379379	Applied For
Suite Ant # etc Suite An: # etc	Not Applicable
Suite Ant # etc.	Not Applicable
Surie, Apr. #, etc.  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible ta	ax under s. 199.032,
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	Agent
81 Name	
CORPORATION INFORMATION SERVICES, INC.  82 Street Address (P.O. Box Number is Not Acceptable)	
1201 HAYS STREET	
TALLAHASSEE FL 32301	
84 City	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 charge transferred 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	anging its registered office i s registered agent. Fam
SIGNATURE	.,
Signature typed or printed rate of register traject and the Taxins at th	D DIRECTORS IN 12
The second secon	Change Addition
NAME MILLER, J.F. III 12 NAME	
STREET ADDRESS 600 E. COLINAS BLVD., SUITE 1800 13 SPREET ADDRESS	
CHY-ST-ZIP IRVING TX 75039 1401Y-SI-ZIP	
1 10	Change 🔲 Addition
NAME SCHUBERT, FRANK B JR	
STREET ADDRESS 600 E. COLINAS BLVD., SUITE 1800 23 STREET ADDRESS	
CITY-ST-ZIP   FRVING TX 75039   2401Y-ST; ZIP	Change Addition
NAME CARPENTER, JOHN W III 32 NAME	L. Comige   I required?
STREET ADDRESS 600 E. COLINAS BLVD., SUITE 1800 33 STREET ADDRESS	
CITY-ST-ZIP IRVING TX 75039 34 CITY-ST-ZIP	
	Change Addition
NAME HARRIS, C. CHRISTOPHER 42 NAME	
STREET ADDRESS 4320 EDMONDSON AVENUE 4.3 STREET ADDRESS	
CITY-ST-ZIP DALLAS TX 44 CITY-ST-ZIP	
The second of th	Change Addition
NAME DORAMUS, W. MICHAEL 52 NAME	
STREET ADDRESS 3301 SOUTHWESTERN 53 STREET ADDRESS 000018097	<del>2</del> 0
OITY-S1-ZIP   DALLAS TX   5 4 CITY-S1-ZIF   -05/06/96010890   TITLE     DELETE   6 1 TITLE     ***200.00	Change Addition
TITLE	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of 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 it chapted, or on an algorithms with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2(22/96

(214) 556-382/ Daytine Phone # CR2E034 (12/95)