

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

FILED

May 15 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 # F94000000406 (8)

1. Corporation Name
SECOND CITY PROPERTIES, INC.

Principal Place of Business
16479 DALLAS PARKWAY
SUITE 400
DALLAS TX 75248

Mailing Address
CAPITAL CORP
P OBOX 8552
FT MYERS FL 33906
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1362541	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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	PD	1.1 TITLE	Asst Treas - Taxes
NAME	FRAZIER, MICHAEL D	1.2 NAME	Gary S. Schulman
STREET ADDRESS	280 LONG RIDGE RD.	1.3 STREET ADDRESS	111 Long Ridge Road
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	Stamford CT 06907
TITLE	VD	2.1 TITLE	
NAME	HENRY, DAVID B	2.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HOGAN, MICHAEL W	3.2 NAME	
STREET ADDRESS	16479 DALLAS PKWY, STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	
TITLE	VTD	4.1 TITLE	
NAME	AMBLE, JOAN C	4.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	KORSCH, KEVIN	5.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Gary S. Schulman* Gary S. Schulman Lt 27-98 203-381-4544

CR2E034 (10/97)