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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra &. Mortkam

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F94000002429 (8)

INVESTMENT CO.

Principal Place of Business

727 SOUTH FLOYD ROAD RICHARDSON TX 75080

officer or director of the comoratio Block 12 or Block 13 if changed, o

Mailing Address

ment with an address

727 SOUTH FLOYD ROAD RICHARDSON TX 75080

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1994 4. FEI Number Applied For 75-2331696 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ✓ Personal Property Tax due June 30. Yes ne and Address of Current Registered Agent 633 10. Name and Address of New Registered Agent Name CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET **B2** Street Address (P.O. Box Number is Not Acceptable) STE 1 TALLAHASSEE FL 32301 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 Horida, 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, typical or printed name of requisioned agent and title diappocable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 IITLE Change Addition YIP, TREA C NAME 1.2 NAME 727 SOUTH FLOYD ROAD STREET ADDRESS 1.3 STREET ADDRESS **RICHARDSON TX** CITY-ST-ZIP 1.4 CITY-ST-ZIP DLLETE TITLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Addition 4.1 TITLE □ Cha NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition **800000254693**8 -06/04/98--01007--014 NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** ***150.00 CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition 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 indicated on this annual report of upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information pplemental/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 or the good version trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in