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DOCUM	ENT # F950	0000	2309	(1)	SECRETARY OF STATE (ALLAHASSEE, FLORIDA
I, Corporation N	arne .TIFAMILY MANAGEMEI	NT. INC.			
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Principal Place of	f Business	Ma	iling Address		I TEGLING HIM IDIG ENIN COUNT OFFIL OFFIL OFFI COSTS WITH STIN STIN STIN STIN STIN STIN STIN STIN
600 E. LAS CO	DLINAS BLVD #1800		600 E. LAS COLII IRVING TX 75039	NAS BLVD #1800	
IRVING TX 750	139		ECOCY XI CHINNI		Date Incorporated or Qualified 3a. Date of Last Report
					05/11/1995 4 FEL Number Applied For
2. Principal Place	e of Business	} 	Mailing Address		75-2572744 Nat Applicable
Suite, Apt. #,	etc	26	Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·	5. Certilicate of Status Desired S8.75 Additional Fee Required
City & State		27	City & State		6. Flection Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	28		Country	8. This corporation has liability for intangible tax under s. 199.032,
]	25	29		30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Cu	ment negrs	itered Agent	B1 Nam	
1201 HA	NATION SERVICE COMPANY YS STREET NSSEE FL 32301-2525	Y		11	at Address (P.O. Box Number is Not Acceptable)
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6.4 CITY - S1 - 7IP 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 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 en an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXEC V.P.

2/26/96 (214) SS 3821