

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

FILED
Jun 18 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 # **F95000004815 (5)**

1. Corporation Name
CENTURY MANAGEMENT COMPANY



Principal Place of Business 100 N. W. 63RD STREET, SUITE 300 OKLAHOMA CITY OK 73116	Mailing Address 100 N. W. 63RD STREET, SUITE 300 OKLAHOMA CITY OK 73116
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 305 22 City & State 23 Zip 73116 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 305 27 City & State 28 Zip 73116 Country
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3. Date Incorporated or Qualified 10/03/1995
4. FEI Number 73-1127848
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing 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 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HALL, KIRKLAND	
STREET ADDRESS	123 S. HUDSON	
CITY-ST-ZIP	OKLAHOMA CITY OK 73102	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEARMON, T A	
STREET ADDRESS	100 NW 63RD SUITE 300	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	POTTER, DEAN M	
STREET ADDRESS	100 NW 63RD, SUITE 300	
CITY-ST-ZIP	OKLAHOMA CITY OK 73116	
TITLE	VFT	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, EMMETT	
STREET ADDRESS	100 NW 63RD, SUITE 300	
CITY-ST-ZIP	OKLAHOMA CITY OK 73116	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STRONG, DON S	
STREET ADDRESS	100 NW 63RD, SUITE 300	
CITY-ST-ZIP	OKLAHOMA CITY OK 73116	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTER, JOHN W	
STREET ADDRESS	100 NW 63RD, STE 300	
CITY-ST-ZIP	OKLAHOMA CITY OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000002565430
1.3 STREET ADDRESS	-06/19/98--01000--010
1.4 CITY-ST-ZIP	***150.00
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100 NW 63rd, Suite 305
2.4 CITY-ST-ZIP	73116
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Suite 305
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vinetta L. DeCamp
4.3 STREET ADDRESS	100 NW 63rd, Suite 305
4.4 CITY-ST-ZIP	Oklahoma City, OK 73116
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Suite 305
5.4 CITY-ST-ZIP	
6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jolene Scott
6.3 STREET ADDRESS	100 NW 63rd, Suite 305
6.4 CITY-ST-ZIP	Oklahoma City, OK 73116

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 _____ DATE _____

CR2E034 (10/97)