

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

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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F9600000015 (5)
1. Corporation Name
FREEMAN MANAGEMENT CORPORATION

Principal Place of Business: 8801 AMBASSADOR ROW DALLAS TX 75247-4822
Mailing Address: 8801 AMBASSADOR ROW DALLAS TX 75247-4822



2. Principal Place of Business: 1421 WEST MOCKINGBIRD LANE DALLAS, TX 75247-4978
2a. Mailing Address: 1421 WEST MOCKINGBIRD LANE DALLAS, TX 75247-4978
21. Suite, Apt. #, etc.
22. City & State: DALLAS, TX
23. Zip: 75247-4978
24. Country

3. Date Incorporated or Qualified: 01/02/1996
3a. Date of Last Report: N/A
4. FEI Number: 75-2623264
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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: FL 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: DCEO	NAME: FREEMAN, DONALD S JR.	1.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	1.2 NAME:	
TITLE: PD	NAME: VAN ORT, DALE	1.3 STREET ADDRESS: 1421 WEST MOCKINGBIRD LANE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	1.4 CITY-ST-ZIP: DALLAS, TX 75247-4978	
TITLE: VD	NAME: LOZIER, ROBERT	2.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	2.2 NAME:	
TITLE: V	NAME: MOSELEY, ELLIS E	2.3 STREET ADDRESS: SAME AS ABOVE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	2.4 CITY-ST-ZIP:	
TITLE: VD	NAME: KENNEDY, KEITH	3.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	3.2 NAME:	
TITLE: V	NAME: FREEMAN, CARRIE L	3.3 STREET ADDRESS: SAME AS ABOVE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	3.4 CITY-ST-ZIP:	
TITLE: V	NAME: MOSELEY, ELLIS E	4.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	4.2 NAME:	
TITLE: VD	NAME: KENNEDY, KEITH	4.3 STREET ADDRESS: SAME AS ABOVE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	4.4 CITY-ST-ZIP:	
TITLE: V	NAME: FREEMAN, CARRIE L	5.1 TITLE:	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	5.2 NAME:	
TITLE: V	NAME: MOSELEY, ELLIS E	5.3 STREET ADDRESS: SAME AS ABOVE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	5.4 CITY-ST-ZIP:	
TITLE: V	NAME: FREEMAN, CARRIE L	6.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	6.2 NAME:	
TITLE: V	NAME: MOSELEY, ELLIS E	6.3 STREET ADDRESS: AS ROBERT E. McDONALD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 8801 AMBASSADOR ROW	CITY-ST-ZIP: DALLAS TX 75247-4822	6.4 CITY-ST-ZIP: 1421 WEST MOCKINGBIRD LANE	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: Robert E. McDonald ROBERT E. McDONALD 4/8/97 (214) 690-9136

CR2E034 (9/96)