


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 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 # **F96000001962 (7)**

1. Corporation Name

SENECA PARTNERS, INC.

Principal Place of Business

**3800 POTOMAC AVE.
DALLAS TX 75205**

Mailing Address

**3800 POTOMAC AVE.
DALLAS TX 75205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/19/1996		04/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		75-2582256		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
24		29		30		Yes No	

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	Change Addition
NAME	DEGRAZIER, ANTHONY R II	1.2 NAME	
STREET ADDRESS	220 LARKSPUR AVE.	1.3 STREET ADDRESS	1550 Bayside Drive
CITY-ST-ZIP	CORONA DE MAR CA 92625	1.4 CITY-ST-ZIP	Corona del Mar, CA 92625
TITLE	VSTD	2.1 TITLE	Change Addition
NAME	WAGNER, JOHN P	2.2 NAME	
STREET ADDRESS	3800 POTOMAC AVE.	2.3 STREET ADDRESS	8440 Walnut Hill Lane, Ste. 800
CITY-ST-ZIP	DALLAS TX 75205	2.4 CITY-ST-ZIP	Dallas, Tx 75231
TITLE	COO	3.1 TITLE	Change Addition
NAME	KOLLUS, DOUG	3.2 NAME	
STREET ADDRESS	105 N. ACACIA AVE.	3.3 STREET ADDRESS	101 North Acacia Avenue
CITY-ST-ZIP	SOLANA BEACH CA 92705	3.4 CITY-ST-ZIP	Solana Beach, CA 92075
TITLE	SCFO	4.1 TITLE	Change Addition
NAME	FRETER, GLEN	4.2 NAME	
STREET ADDRESS	105 N. ACACIA AVE.	4.3 STREET ADDRESS	101 North Acacia Avenue
CITY-ST-ZIP	SOLANA BEACH CA 92705	4.4 CITY-ST-ZIP	Solana Beach, CA 92075
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

SIGNATURE REQUIRED Freter, Chief Financial Officer

CP2E034 (4/97)