

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 # F96000001963 (5)

1. Corporation Name

LARKSPUR 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 101 North Acacia Avenue

27 City & State

28 Solana Beach, CA

29 92075

30 USA

3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

4. FEI Number

75-2644012

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEGRAZIER, ANTHONY R II
STREET ADDRESS 220 LARKSPUR AVE.
CITY-ST-ZIP CORONA DEL MAR CA 92625

TITLE VSTD
NAME WAGNER, JOHN P
STREET ADDRESS 3800 POTOMAC AVE.
CITY-ST-ZIP DALLAS TX 75205

TITLE COO
NAME KOLLUS, DOUG
STREET ADDRESS 3800 POTOMAC AVE.
CITY-ST-ZIP DALLAS TX 75205

TITLE SCFO
NAME FRETER, GLEN
STREET ADDRESS 3800 POTOMAC AVE.
CITY-ST-ZIP DALLAS TX 75205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1550 Bayside Drive
1.4 CITY-ST-ZIP Corona del Mar, CA 92625

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8440 Walnut Hill Lane, Ste. 800
2.4 CITY-ST-ZIP Dallas, TX 75231

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 101 North Acacia Ave.
3.4 CITY-ST-ZIP Solana Beach, CA 92075

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 101 North Acacia Ave.
4.4 CITY-ST-ZIP Solana Beach, CA 92075

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

~~SIGNATURE REQUIRED~~

G. Freter, Chief Financial Officer

CP2E034 (4/97)