

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002111 (0)**

1. Corporation Name  
**TAXACQ, INC.**

Principal Place of Business  
**1201 ELM STREET, SUITE 5400  
DALLAS TX 75270**

Mailing Address  
**1201 ELM STREET, SUITE 5400  
DALLAS TX 75270-2103**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>75-2619490</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81 Name <b>CT Corporation</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S Pine Island Rd.</b> 83 84 City <b>Plantation</b> FL 85 Zip Code <b>33324</b>			

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 Mary R. Adams Mary R. Adams, Asst Sec DATE 3/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEITMEYER, RICHARD A</b>	1.2 NAME	<b>Joseph Whelan</b>
STREET ADDRESS	<b>1201 ELM STREET, SUITE 5400</b>	1.3 STREET ADDRESS	<b>1700 Palm Beach Lakes Blvd #100</b>
CITY-ST-ZIP	<b>DALLAS TX 75270</b>	1.4 CITY-ST-ZIP	<b>W. Palm Bch, FL 33401</b>
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EPSTEIN, JONATHAN</b>	2.2 NAME	<b>John E. Ramsey</b>
STREET ADDRESS	<b>1201 ELM STREET, SUITE 5400</b>	2.3 STREET ADDRESS	<b>3414 Peachtree Rd #660</b>
CITY-ST-ZIP	<b>DALLAS TX 75270</b>	2.4 CITY-ST-ZIP	<b>Atlanta, GA 30306</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HYDE, JOE T</b>	3.2 NAME	<b>George Hamilton</b>
STREET ADDRESS	<b>1201 ELM STREET, SUITE 5400</b>	3.3 STREET ADDRESS	<b>1700 Palm Beach Lakes, #1100</b>
CITY-ST-ZIP	<b>DALLAS TX 75270</b>	3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	VC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRIMIANO, VINCENT</b>	4.2 NAME	<b>Donald Greetham</b>
STREET ADDRESS	<b>1201 ELM STREET, SUITE 5400</b>	4.3 STREET ADDRESS	<b>1700 Palm Beach Lakes, #1100</b>
CITY-ST-ZIP	<b>DALLAS TX 75270</b>	4.4 CITY-ST-ZIP	<b>W. Palm Beach, FL 33401</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISENBACHER, JUSTIN F</b>	5.2 NAME	
STREET ADDRESS	<b>1201 ELM STREET, SUITE 5400</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75270</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Mary R. Adams V.P. DATE 4/29/97 DAYTIME PHONE # 561-689-4700

CR2E034 (9/96)