

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002193 (8)

1. Corporation Name
DH ASSET, INC.

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 75-2619493		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
CI CORPORATION SYSTEM
82 Street Address (P.O. Box Number Is Not Acceptable)
1200 S. PINE ISLAND ROAD
83
84 City
PLANTATION FL 85 Zip Code
33324

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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary R. Adams*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEITMEYER, RICHARD A	1.2 NAME	JOSEPH WHELAN
STREET ADDRESS	1201 ELM STRET, STE 5400	1.3 STREET ADDRESS	1100 PALM BEACH LAKE BLVD STE 1100
CITY - ST - ZIP	DALLAS TX	1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	V	2.1 TITLE	SECRETARY / VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPSTEIN, JONATHAN	2.2 NAME	JOHN E. RAMSEY
STREET ADDRESS	1201 ELM STRET, STE 5400	2.3 STREET ADDRESS	3414 PEACHTREE ROAD, STE 600
CITY - ST - ZIP	DALLAS TX	2.4 CITY - ST - ZIP	ATLANTA, GA 30326
TITLE	S	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYDE, JOE T	3.2 NAME	GEORGE HAMILTON
STREET ADDRESS	1201 ELM STRET, STE 5400	3.3 STREET ADDRESS	1700 PALM BEACH LAKES BLVD, STE 1100
CITY - ST - ZIP	DALLAS TX	3.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	V	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIMIANO, VINCENT	4.2 NAME	DONALD GREETHAM
STREET ADDRESS	1201 ELM STRET, STE 5400	4.3 STREET ADDRESS	1100 PALM BEACH LAKES BLVD, STE 1100
CITY - ST - ZIP	DALLAS TX	4.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISENBACHER, JUSTIN F	5.2 NAME	
STREET ADDRESS	1201 ELM STRET, STE 5400	5.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	5.4 CITY - ST - ZIP	
TITLE	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)