

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

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Apr 08 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 # **F96000002432 (0)**

1. Corporation Name
1994-N2 FLORIDA GP CORP.

Principal Place of Business 5310 HARVEST HILL ROAD, #210 DALLAS TX 75230-5805	Mailing Address 5310 HARVEST HILL ROAD, #210 DALLAS TX 75230-5800
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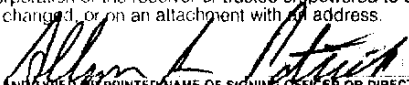


2. Principal Place of Business 21 700 North Pearl Str. Suite, Apt. #, etc. 22 Suite 2400, LB 342 City & State 23 Dallas, TX Zip 24 75201 Country 25 USA		2a. Mailing Address 26 700 North Pearl Str. Suite, Apt. #, etc. 27 Suite 2400, LB 342 City & State 28 Dallas, TX Zip 29 75201 Country 30 USA		3. Date Incorporated or Qualified 05/15/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 75-2461315		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 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		
			85 Zip Code FL		

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 _____ (Type name typed for 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	D ☐ DELETE	1.1 TITLE	S ☐ Change ☒ Addition		
NAME	KATZ, MICHAEL	1.2 NAME	Allyn S. Patrick		
STREET ADDRESS	111 GREAT NECK ROAD	1.3 STREET ADDRESS	700 North Pearl Str., Suite 2400		
CITY- ST- ZIP	GREAT NECK NY 11021	1.4 CITY- ST- ZIP	Dallas, TX 75201-7424		
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition		
NAME	MORTARA, JEFFREY	2.2 NAME	Matthew Bernstein		
STREET ADDRESS	280 PARK AVE. - 21W	2.3 STREET ADDRESS	280 Park Ave. - 21W		
CITY- ST- ZIP	NEW YORK NY 10017	2.4 CITY- ST- ZIP	New York, NY 10017		
TITLE	PD ☐ DELETE	3.1 TITLE	PD ☒ Change ☐ Addition		
NAME	ADAIR, ROBERT L III	3.2 NAME	Robert L. Adair III		
STREET ADDRESS	1845 WOODALL RODGERS FREEWAY	3.3 STREET ADDRESS	700 North Pearl Street, Suite 2400		
CITY- ST- ZIP	DALLAS TX 75201	3.4 CITY- ST- ZIP	Dallas, TX 75201		
TITLE	V ☐ DELETE	4.1 TITLE	V ☒ Change ☐ Addition		
NAME	ADAMS, GREGORY M	4.2 NAME	Adams, Gregory M.		
STREET ADDRESS	5310 HARVEST HILL ROAD, #210	4.3 STREET ADDRESS	700 North Pearl Str., Suite 2400		
CITY- ST- ZIP	DALLAS TX 75230-5805	4.4 CITY- ST- ZIP	Dallas, TX 75201-7424		
TITLE	V ☐ DELETE	5.1 TITLE	V ☒ Change ☐ Addition		
NAME	WAGONER, BRADFORD A	5.2 NAME	Wagoner, Bradford A.		
STREET ADDRESS	5310 HARVEST HILL ROAD, #210	5.3 STREET ADDRESS	700 North Pearl Str., Suite 2400		
CITY- ST- ZIP	DALLAS TX 75230-5805	5.4 CITY- ST- ZIP	Dallas, TX 75201-7424		
TITLE	V ☐ DELETE	6.1 TITLE	V ☒ Change ☐ Addition		
NAME	GIESEN, B W II	6.2 NAME	Giesen, B. W. II		
STREET ADDRESS	5310 HARVEST HILL ROAD, #210	6.3 STREET ADDRESS	700 North Pearl Str., Suite 2400		
CITY- ST- ZIP	DALLAS TX 75230-5805	6.4 CITY- ST- ZIP	Dallas, TX 75201-7424		

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:  **2-19-97** **214/953-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)