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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600005225 (5)

## FILED Apr 28 1997 8:00am Secretary of State

,	WESTERN BELL COMMUNIC te of Business INS. SUITE 220 TX 75060	CATIONS SERVICES,  Mailing Address  1651 N. COLLINS, SUITE RICHARDSON TX 75080	INC.					
					3. Date Incorporated or Qualified 10/09/1996	3a. Da	ate of Last	Report
Principal P	hage of Business	2a. Mailing Address		·	4. FEI Number		h	Applied For
Suite, Apl	# cite	Suite, Apt. #, etc.			74-2746907		<del></del>	Vot Applicable Additional
Constitution (Constitution)	<i>n</i> , co.	27			5. Certificate of Status Desired			Required
City & Stat	le	City & State			6. Election Campaign Financing		\$5.00	May Be
		28			Trust Fund Contribution			d to Fees
Zφ	Country	Zip	Coun	try	8. This corporation has liability for			s. 199.032,
	25 25 Name and Address of Curren	29 It Registered Agent	30	,,	Florida Statutes  10. Name and Address of New R	Yes		
C T	CORPORATION SYSTEM			1 Name				
	O SOUTH PINE ISLAND ROAD		}	32 Street Ad	Idress (P.O. Box Number is Not Accepta	ible)		
	ANTATION FL 33324				allos (i.e. dox ramper le retriccopia			
			] {	33				
			Ī	34 City			85 Zir	Code
	0.000	0 007 4500 Flatin Con		1	orporation submits this statement for the ration's board of directors. I hereby acce	FL	(abanalaa	itaint
					•			
	Stymenter, speed or printed name of registered age OFFICE HS AND	D DIRECTORS	OTE Registered I	Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		DRS IN 12
	OFFICERS AND		OTE Registered I	Agent Bignature rei	quired when reinslating)	DATE	DIRECTO	ORS IN 12
ŗ M	OFFICERS AND PD TAYLOR, VAN H	D DIRECTORS	OTE Registered a  13. 1.1 TiTL 1.2 NAM	Agent Bignature rei	quired when reinslating)	DATE		ORS IN 12
E El Address	OFFICERS AND PD TAYLOR, VAN H	D DIRECTORS	OTE Registered.  13. 1.1 TiTL 1.2 NAN 1.3 STR	Agent Bignature rei	quired when reinslating)	DATE		ORS IN 12
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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). Fiorida 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 are 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 Brock 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

4/19-

(210) 351-3900

0494239