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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0342268

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90059 025 ***150.00

DOCUMENT # F97000003678

1. Corporation Name

HMTF/OLYMPUS GP, INC.



Principal Place of Business
200 CRESCENT CT., STE. 1650
DALLAS TX 75201

Mailing Address
200 CRESCENT CT., STE. 1650
DALLAS TX 75201

2. Principal Place of Business

21

2a. Mailing Address

26

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

24

29

Country

30

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE	1.1 TITLE	V Dwight Williams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSE, JOHN R		1.2 NAME	200 Crescent Ct. Suite 1650	
STREET ADDRESS	200 CRESCENT CT., STE. 1650		1.3 STREET ADDRESS	Dallas, TX 75201	
CITY-ST-ZIP	DALLAS TX 75201		1.4 CITY-ST-ZIP		
TITLE	CEOP	<input type="checkbox"/> DELETE	2.1 TITLE	V Dan Lanier	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENIGER, DAVID B		2.2 NAME	200 crescent ct. Suite 1650	
STREET ADDRESS	200 CRESCENT CT., STE. 1650		2.3 STREET ADDRESS	Dallas, TX 75201	
CITY-ST-ZIP	DALLAS TX 75201		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDY, JEFFREY G		3.2 NAME		
STREET ADDRESS	200 CRESCENT CT., STE. 1650		3.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		3.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDZIGIAN, MICHAEL G		4.2 NAME		
STREET ADDRESS	200 CRESCENT CT., STE. 1650		4.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		4.4 CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, HAL R		5.2 NAME		
STREET ADDRESS	200 CRESCENT CT., STE. 1650		5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		5.4 CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TIMOTHY B		6.2 NAME		
STREET ADDRESS	200 CRESCENT CT., STE. 1650		6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/99 (214)740-7398
Daytime Phone #

CR2E034 (11/98)