**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

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PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 MAR 10 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002304**

1. Corporation Name
**TRANSCONTINENTAL PLAZA, INC.**

Principal Place of Business
**10670 NORTH CENTRAL EXPRESSWAY, STE. 600**
**DALLAS TX 75231**

Mailing Address
**10670 NORTH CENTRAL EXPRESSWAY, STE. 600**
**DALLAS TX 75231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**04/22/1998**

4. FEI Number
**APPLIED FOR** 75-2759961 | 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 owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must sign in order to complete this section)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P D | [ ] DELETE |
| NAME | PAULSON, RANDALL M | |
| STREET ADDRESS | 10670 NORTH CENTRAL EXPRESSWAY, STE. 600 | |
| CITY-ST-ZIP | DALLAS TX 75231 | |
| TITLE | V | [ ] DELETE |
| NAME | BLAHA, KARL L | |
| STREET ADDRESS | 10670 NORTH CENTRAL EXPRESSWAY, STE. 600 | |
| CITY-ST-ZIP | DALLAS TX 75231 | |
| TITLE | V | [✓] DELETE |
| NAME | CALLAHAN, SCOTT E | |
| STREET ADDRESS | 10670 NORTH CENTRAL EXPRESSWAY, STE. 600 | |
| CITY-ST-ZIP | DALLAS TX 75231 | |
| TITLE | V | [ ] DELETE |
| NAME | ENDENDYK, BRUCE A | |
| STREET ADDRESS | 10670 NORTH CENTRAL EXPRESSWAY, STE. 600 | |
| CITY-ST-ZIP | DALLAS TX 75231 | |
| TITLE | V | [ ] DELETE |
| NAME | HOLLAND, THOMAS A | |
| STREET ADDRESS | 10670 NORTH CENTRAL EXPRESSWAY, STE. 600 | |
| CITY-ST-ZIP | DALLAS TX 75231 | |
| TITLE | V | [ ] DELETE |
| NAME | KRUGER, BRADLEY A | |
| STREET ADDRESS | 10670 NORTH CENTRAL EXPRESSWAY, STE. 600 | |
| CITY-ST-ZIP | DALLAS TX 75231 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | | [ ] Change [ ] Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | Secretary & Director | [ ] Change [✓] Addition |
| 22 NAME | Robert A. Weldaugh | |
| 23 STREET ADDRESS | 10670 N. Central Expwy #600 | |
| 24 CITY-ST-ZIP | Dallas TX 75231 | |
| 31 TITLE | | [ ] Change [ ] Addition |
| 32 NAME | 100000[illegible] | |
| 33 STREET ADDRESS | -03/17/99--01077--014 | |
| 34 CITY-ST-ZIP | ****150.00 ****150.00 | |
| 41 TITLE | | [ ] Change [ ] Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | [ ] Change [ ] Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | [ ] Change [ ] Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

188 3/10/99

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:** _____ 2/23/99 214 692 4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)