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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005545

TRANSCONTINENTAL SADLER SQUARE, INC.

Principal Place of Business Mailing Address				a todisåd sira jaldt iditt antif Aditi antif åditi Salat åltet Strir aldi åltt kan
10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231		10670 NORTH CENTRAL EXPRESSWAY SUITE 600 DALLAS TX 75231		DO NOT WRITE IN THIS SPACE
DWTTN9 IX 12	សា	DALENS IN 73231		3. Date Incorporated or Qualifed 10/05/1998
—¬¬	Place of Business	2a. Mailing Address		4. FE Number APPLIED FOR 95-2184439 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		\$8.75 Add tional
22		27		5. Certificate of Status Descred Fee Required
City & State		City & State		6. Election Can purgin Fundacing \$5.00 May Be
23		28		Trist Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangitie
24	25	29	30	Personal Property Tro. [1]Yes IVNo
- <u></u>	9. Name and Address of Curre	nt Registered Agent	' · ' ·	10. Name and Address of New Registered Agent
			81 Name	
	CORPORATION SYSTEM		82 Street	Address (D.C) Growklands and Mat Agreen take the con-
1200 SOUTH PINE ISLAND ROAD			or sacet	Address (P.O Box 2000000000000000000000000000000000000
PLANTATION FL 33324			83	-03/15/9301134018
			ļ.	****150.00 ****150.00
			84 City	F1 85 Zip Code
office or a agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligi	of Florida Such change was a	uthorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. The ruby accept the appointment as registered.
SIGNATURE	Signature, typed or printed name of registered ag-	of and title it applicable (NOTE	Registered Aje. I seguid ze i	required what consistings
12.		ND DIRECTORS	13 .	ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12
TITLE	D	[] DELETE	1 1 TITLE	[Change [Addition
NAME	STOKLEY, TED P		1.2 NAME	
STREET ADDRESS	10670 N. CENTRAL ESPRESS	WAY STF 600	13 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		14 OFY-S1-Z#	
TITLE	PD	[] DECETE	21 TITLE	[Change [Addition
NAME	PAULSON, RANDALL M		22 NAME	
STREET ADDRESS	10670 N. CENTRAL ESPRESS	NAV STE ROO	23 STREET ADDRESS	
	DALLAS TX	IN SIL OO	2 4 CITY-S1-ZIP	
CITY-ST-ZIP TITLE	SD	[] DELETE	3 1 1 TLE	[Change [Addition
NAME	WALDMAN, ROBERT A	***********	3.2 NAME	
STREET ADDRESS	10670 N. CENTRAL ESPRESSI	WAY STE 600	33 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	MAI OIL GOO	34 CITY-S1-ZIP	
TITLE	T	[] DELETE	4.1 THTLE	[Change
NAME	POTERA. DREW D	2,	4 2 NAME	
STREET ADDRESS	10670 N. CENTRAL ESPRESSI	WAY STE ROO	43 STREET ADORESS	
	DALLAS TX	INT OIL GOD	44 CiTY+S1-2if-	
CITY-ST-ZIP TITLE	AS	[] DELETE	51TULE	[Change [Addition
NAME .	WEAVER, CHERYL	V	5.2 NAME	
	10870 N. CENTRAL ESPRESSI	NAV QTE ROO	53 STREE FADDRESS	
STREET ADDRESS	DALLAS TX	IN SIE OU	54 CITY-ST-ZiP	^ ^
CITY-ST-ZIP TITLE	V V	[] DELETE	617014	1 I Change N 1 Inchan
	l <u>2</u>	(DECEPT	6 7 NAME	1 M. W.
NAME	BLAHA, KARL L 40070 N. CENTRAL ECORECC	NAV OTE OOO	63 STREET ADORESS	1 10/12/
STREET ADDRESS	10670 N. CENTRAL ESPRESSI	MAT 315 000	64 Offy-S1-ZiP	<i>'∂</i> \'
CITY OF 710			■ 0 + C · 1 - 21 · Zu.	1

14. Hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 07(3)(c). 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 trusted 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 algorithms with an address, with all other like empowered.

SIGNATURE:

UNE AND TYPES ON PRINTED NAME OF SIGHING OFFICER OR DIRECTO

124/94

214 692 4700