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 # F9800005749

BOCA CORPORATE PLAZA, INC.

Mailing Address Principal Place of Business 5400 LBJ FREEWAY LB 2, STE 700 5400 LBJ FREEWAY LB 2. STE 700 DALLAS TX 75240 DALLAS TX 75240

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90032 041 ***150.00



DO NOT WRITE IN THIS SPACE

					3.	Date Incorporated or Qualifed			
					<u> </u>	<u>10/14/1998</u>			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4.	FEI Number	702115	Ap	plied For
21		26				APPLIED FOR 75-2	18347.		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5.	Certificate of Status Desired		\$8.75 / Fee Re	I
City & State City & State					6.	Election Campaign Financing	П	\$5.00	May Be
23						Trust Fund Contribution		Added	o Fees
Zip Country Zip			Country		8.	This corporation owes the cur			
24 25 29 30			<u> </u>			Personal Property Tax.			
				Name and Address of New	Registered A	<u>lge</u> nt			
CORRORATION CERVICE COMPANY				81 Name					
CORPORATION SERVICE COMPANY			82	Stree	t Address (P	P.O. Box Number is Not Accept	able)		
1201 HAYS STREET TALLAHASSEE FL 32301-2525			L.	ļ		**************************************			
TALL		83	"					1	
			84	City				85 Zip	Code
				<u></u>			FL	hooging its	registered
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 Storaghure, hypert or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis 12. OFFICERS AND DIRECTORS				nt signature		ADDITIONS/CHANGES TO O		DIRECTO	ORS IN 12
TITLE	PD DELETE		1.1 TITLE		T			Change	Addition
NAME.	FARMER, DAVID N		1.2 NAME		İ				-
STREET ADDRESS	5400 LBJ FREEWAY LB 2, STE 700		1.3 STREET ADDRESS						Ţ
CITY-ST-ZIP	DALLAS TX			1.4 CITY-ST-ZIP					
TITLE	VS DELETE		2.1 TITLE			 .		Change	☐ Addition
NAME	RAGSDALE, RONALD L		2.2 NAME						
STREET ADDRESS				T ADDRES	s				}
CITY-ST-ZIP	DALLAS TX	, •••	2. 4 CITY-	ST-ZIP					
TITLE	VAS	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	SIMS, SHELLIE M		3.2 NAME						
STREET ADDRESS 5400 LBJ FREEWAY LB 2, STE 700			3.3 STREET ADDRESS		3				
CITY-ST-ZIP	DALLAS TX		3.4. CITY-	ST-ZIP					
TITLE	TAS	☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME	JENKINS, DOROTHY		4. 2 NAME	•		•			
STREET ADDRESS	5400 LBJ FREEWAY LB 2, STE	700	4.3 STREE	ET ADDRES	3				
CITY-ST-ZIP	DALLAS TX		4.4 CITY-	ST-ZIP	 			Ct	
TITLE	VAS	☐ DELETE	5.1 TITLE		1.			☐ Change	Addition
NAME	KIRBY, MICHAEL		52 NAME						
STREET ADDRESS	5400 LBJ FREEWAY LB 2, STE	700		ET ADDRES	s				
CITY-ST-ZIP	DALLAS TX		5.4 CITY- 6.1 TITLE	ST-ZIP	 			Change	☐ Addition
TILE	VAS	☐ DELETE	6.1 HILE		1				
NAMÉ	BOIKO, TERRELL	700							}
STREET ADORESS	STREET ADDRESS 3400 LBJ FREEWAT LB 2, STL 100			6.3 STREET ADORESS 6.4 CITY-SY-ZIP					
CITY-ST-ZIP	DALLAS TX		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:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR