

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G78594 (0)**  
1. Corporation Name  
**ROBERT E. WOOLLEY/FLORIDA, INCORPORATED**



Principal Place of Business <b>3210 BELT LINE ROAD SUITE 140 DALLAS TX 75234 US</b>	Mailing Address <b>3210 BELT LINE ROAD SUITE 140 DALLAS TX 75234-2324 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>01/13/1984</b>	3a. Date of Last Report <b>06/21/1996</b>
4. FEI Number <b>59-2382606</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**REED, JAMES M  
WILLIAMS, REED ET AL.  
201 N. FRANKLIN ST., STE 2600, ONE TMP CTR  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name <b>Mr. PAUL R. GRASSER</b>
82 Street Address (P.O. Bpx Number is Not Acceptable) <b>8875 Hidden River PARKWAY</b>
83 Suite <b>Suite 300</b>
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33637</b>

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 **MR. PAUL R. GRASSER** X *Paul R. Grasser* **1-28-97**  
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>WOOLLEY, ROBERT E.</b>	
STREET ADDRESS <b>3131-TURTLE CREEK BLVD #1300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>ROCHE, CHRISTINE M</b>	
STREET ADDRESS <b>3210 BELT LINE ROAD</b>	
CITY-ST-ZIP <b>DALLAS TX</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>GREENWALD, MICHAEL R.</b>	
STREET ADDRESS <b>3131-TURTLE CREEK #1820</b>	
CITY-ST-ZIP <b>IRVING TX</b>	
TITLE <b>TVP</b>	<input type="checkbox"/> DELETE
NAME <b>RALPH, DOUGLAS A</b>	
STREET ADDRESS <b>3131-TURTLE CREEK BLVD, STE #1300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3210 BeltLine Rd, Suite 140</b>
1.4 CITY-ST-ZIP	<b>DALLAS, TX 75234</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3210 BeltLine Rd, Suite 140</b>
2.4 CITY-ST-ZIP	<b>DALLAS, TX 75234</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3210 BeltLine Rd, Suite 140</b>
3.4 CITY-ST-ZIP	<b>DALLAS, TX 75234</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>3210 BeltLine Rd, Suite 140</b>
4.4 CITY-ST-ZIP	<b>DALLAS, TX 75234</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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), 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.

SIGNATURE: *Douglas A. Ralph* **1/22/97** **(972) 280-0300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)