

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G79937

1. Corporation Name
X-OUTS, INC.

Principal Place of Business Mailing Address
6100 SOUTHWEST BLVD 6100 SOUTHWEST BLVD
SUITE 504 SUITE 504
FORT WORTH, TX 76109 FORT WORTH, TX 76109

2. Principal Place of Business

21

2a. Mailing Address

26 6100 SOUTHWEST BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 504

City & State

City & State

23

28 FORT WORTH, TX

Zip

Country

Zip

Country

24

25

29 76109-3985

30

3. Date Incorporated or Qualified

01/23/84

3a. Date of Last Report

05/01/95

4. FEI Number

59-1443100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIM HELM
1201 E OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33334

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 807.0502 and 807.1508, 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 807.0505, 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 DP
NAME HAWKINS, M.C., DR..
STREET ADDRESS 6100 SOUTHWEST BLVD STE 504
CITY-ST-ZIP FT WORTH, TX 76109

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME GUNDERSON, JERRY
STREET ADDRESS 21 S E 10TH STREET
CITY-ST-ZIP DEERFIELD BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME HELM, JIM
STREET ADDRESS 1201 E OAKLAND PARK BLVD
CITY-ST-ZIP FT LAUDERDALE, FL 33334

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VST
NAME HAWKINS, MILLER
STREET ADDRESS 6100 SOUTHWEST BLVD STE 504
CITY-ST-ZIP FT WORTH, TX 76109

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(817) 377-1904

Daytime Phone #