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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K98949** **(6)**

1. Corporation Name
TEX INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
~~580 VILLAGE BLVD. STE #330~~ ~~WEST PALM BEACH FL 33409~~ US	~~580 VILLAGE BLVD. STE #330~~ ~~WEST PALM BEACH FL 33409-1904~~ US

3. Date Incorporated or Qualified: 06/29/1989
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business	2a. Mailing Address
21 1095 North A1A	26 1095 North A1A
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jupiter, FL	28 City & State: Jupiter, FL
24 Zip: 33477 25 Country: USA	29 Zip: 33477 30 Country: USA

4. FEI Number: 65-0150336 ☐ 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 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
~~ALEXANDER, LARRY B.~~ ~~505 S. FLAGLER DR.~~ ~~WEST PALM BEACH FL~~	81 Name: John W. Gary, III 82 Street Address (P.O. Box Number is Not Acceptable): 701 U.S. Hwy. One, Ste. 402 83 84 City: North Palm Beach FL 85 Zip Code: 33408

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: John W. Gary, III DATE: 1/27/97
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☒ DELETE	1.1 TITLE	PTSC ☐ Change ☒ Addition
NAME	~~BURGESS, C. ROBERT~~	1.2 NAME	David Hanes
STREET ADDRESS	~~580 VILLAGE BLVD. #330~~	1.3 STREET ADDRESS	1095 North A1A
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	1.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME		2.2 NAME	Laura Rogers
STREET ADDRESS		2.3 STREET ADDRESS	1095 North A1A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] 1/24/97 561-525-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #