

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L55167 (5)
 1. Corporation Name
TEX TEX CORPORATION



Principal Place of Business 150 EAST BOCA RATON ROAD BOCA RATON FL 33432	Mailing Address 150 EAST BOCA RATON ROAD BOCA RATON FL 33432
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2. Principal Place of Business 21 701 E. Camino Real Suite, Apt. #, etc. 22 #12A City & State 23 Boca Raton, Florida Zip 24 33432 Country 25 USA		2a. Mailing Address 26 701 E. Camino Real Suite, Apt. #, etc. 27 #12A City & State 28 Boca Raton, Florida Zip 29 33432 Country 30 USA		3. Date Incorporated or Qualified 03/06/1990	3a. Date of Last Report 08/02/1995
		4. FEI Number 65-0178376		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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 FREEMAN, DONALD J 1400 CENTREPARK BLVD STE 909 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent	
				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 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 _____
 Signature of person or persons authorized to register agent and take all applicable (If NONE, to enter a new signature required when terminating) (Date)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE		11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDMONDSON, THOMAS E.			12 NAME			
STREET ADDRESS	750 S. OCEAN BLVD.			13 STREET ADDRESS	701 E. Camino Real #12A		
CITY-ST-ZIP	BOCA RATON FL			14 CITY-ST-ZIP	33432		
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDMONDSON, THOMAS E.			22 NAME			
STREET ADDRESS	750 S. OCEAN BLVD.			23 STREET ADDRESS	701 E. Camino Real #12A		
CITY-ST-ZIP	BOCA RATON FL			24 CITY-ST-ZIP	33432		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				32 NAME	Edmondson, Jr., M.P.		
STREET ADDRESS				33 STREET ADDRESS	69 Schill Avenue		
CITY-ST-ZIP				34 CITY-ST-ZIP	Kenner, LA 70065		
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M.P. Edmondson, Jr.* **7-19-96 504 455-3371**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Business Phone #)

CR2E034 (3/96)