

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14518** (5)
1. Corporation Name
SOUTH FLORIDA INDUSTRIAL DIVISION #1, INC.

Principal Place of Business 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201	Mailing Address 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1987	
21 Suite, Apt. #, etc. SUITE 3200		26 Suite, Apt. #, etc. SUITE 3200		4. FEI Number 75-2176234	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE HALL LEGAL & FINANCIAL SERVICES 1201 HAY STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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, 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	NAME	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		1.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		1.3 STREET ADDRESS	CITY-ST-ZIP	
			1.4 CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		2.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		2.3 STREET ADDRESS	CITY-ST-ZIP	
			2.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		3.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		3.3 STREET ADDRESS	CITY-ST-ZIP	
			3.4 CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		4.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		4.3 STREET ADDRESS	CITY-ST-ZIP	
			4.4 CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		5.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		5.3 STREET ADDRESS	CITY-ST-ZIP	
			5.4 CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		6.2 NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		6.3 STREET ADDRESS	CITY-ST-ZIP	
			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.

SIGNATURE: X

(214) 863-4000

CR2E034 (10/97)