


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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20094 (9)
1. Corporation Name
FOCP, INC.

Principal Place of Business 3880 W. NORTHWEST HIGHWAY SUITE 350 DALLAS TX 75220	Mailing Address 3880 W. NORTHWEST HIGHWAY SUITE 350 DALLAS TX 75220
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4890 Alpha Road Suite, Apt. #, etc. 22 Suite 100 City & State 23 Dallas, Texas Zip 24 75244 Country 25 USA		2a. Mailing Address 26 4890 Alpha Road Suite, Apt. #, etc. 27 Suite 100 City & State 28 Dallas, Texas Zip 29 75244 Country 30 USA		3. Date Incorporated or Qualified 07/18/1988	4. FEI Number 75-2240196 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	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 FL			
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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.

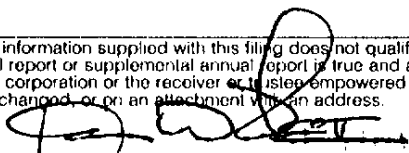
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PYST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIT, JESSE W.	1.2 NAME	
STREET ADDRESS	3880 W. NORTHWEST HWY, SUITE 350	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75220	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTIT, JESSE W.	2.2 NAME	
STREET ADDRESS	3880 W. NORTHWEST HWY, SUITE 350	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75220	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, LEWIS W., II	3.2 NAME	
STREET ADDRESS	3880 W. NORTHWEST HWY, SUITE 350	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75220	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, KENNETH W.	4.2 NAME	
STREET ADDRESS	3880 W. NORTHWEST HWY, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75220	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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



CR2E034 (10/97)