
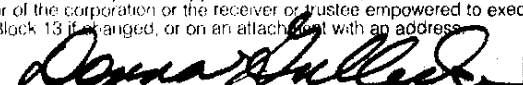


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P20881 (9) 1. Corporation Name TCC ORLANDO OFFICE/INDUSTRIAL, INC.					
Principal Place of Business 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201			Mailing Address 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201-2998		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/14/1988 3a. Date of Last Report 02/19/1996 4. FEI Number 75-2247084 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, J. McDONALD				
STREET ADDRESS	2001 ROSS AVENUE, #3500				
CITY-ST-ZIP	DALLAS TX				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	GEORGE, VINCENT L.				
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500				
CITY-ST-ZIP	DALLAS TX				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	CROW, HARLAN R.				
STREET ADDRESS	2001 ROSS AVENUE #3500				
CITY-ST-ZIP	DALLAS TX				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	GULLEDGE, DONNA				
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500				
CITY-ST-ZIP	DALLAS TX				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	BROWN, RONALD S				
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500				
CITY-ST-ZIP	DALLAS TX				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	BROWN, CYNTHIA J.				
STREET ADDRESS	2001 ROSS AVENUE, SUITE 3500				
CITY-ST-ZIP	DALLAS TX				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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:  Donna Gullledge 1/9/97 214/863-4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)