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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P27677** **(4)**

1. Corporation Name

BRYANSTON MANAGEMENT GROUP, INC.

Principal Place of Business

4020 MCEWEN
SUITE 125
DALLAS TX 75244

Mailing Address

4020 MCEWEN
SUITE 125
DALLAS TX 75244

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **01/11/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **75-2301502** [ ] 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 [X] No

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 **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, typed or printed name of Registered Agent and date required) (If this Registered Agent is a corporation, the signature must be that of an officer or director) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	YELVINGTON, BROWNING		12 NAME	
STREET ADDRESS	10810 DOVE BROOK		13 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		14 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	YELVINGTON, BROWNING		22 NAME	
STREET ADDRESS	10810 DOVE BROOK		23 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX		24 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	ROBERTS, BILLY		32 NAME	
STREET ADDRESS	6036 FRONTIER LANE		33 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX		34 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	FELTON, GEORGE, T		42 NAME	
STREET ADDRESS	6851 SUNSET DRIVE		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	WHITEHEAD, DOUGLAS		52 NAME	
STREET ADDRESS	258 WENDY LANE		53 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		54 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	MAKOWSKI, BETH		62 NAME	
STREET ADDRESS	12 SCOTTS WAY		63 STREET ADDRESS	
CITY-ST-ZIP	CARNEGIE PA		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 attached sheet, with an address.

SIGNATURE: Bill Whitehead 4/2/96 (214) 788-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #