

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

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P29338** (1)  
1. Corporation Name  
**WHITE SWAN, INC.**

Principal Place of Business 1550 NORWOOD DRIVE STE 225 HURST TX 76054 US	Mailing Address 613 BALTIMORE DR WILKES BARNE PA 18702 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/15/1990**

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>75-2333895</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	CCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVEVINO, FRANK H	1.2 NAME	James L. Miller
STREET ADDRESS	613 BALTIMORE DR	1.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY-ST-ZIP	WILKES-BARRE PA	1.4 CITY-ST-ZIP	Columbia, MD 21046
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMULEN, THOMAS G	2.2 NAME	David M. Abramson
STREET ADDRESS	613 BALTIORRE DR	2.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY-ST-ZIP	WILKES-BARRE PA	2.4 CITY-ST-ZIP	Columbia, MD 21046
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCANALLY DAVID F	3.2 NAME	Robert W. Gillison
STREET ADDRESS	613 BALTIMORE DR	3.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY-ST-ZIP	WILKES-BARRE PA	3.4 CITY-ST-ZIP	Columbia, MD 21046
TITLE	CFOT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBERT	4.2 NAME	Christopher Mellon
STREET ADDRESS	613 BALTIMORE DR	4.3 STREET ADDRESS	613 Baltimore Drive
CITY-ST-ZIP	WILKES-BARRE PA	4.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COGSWELL, ROBERT	5.2 NAME	Ann B. Cianflone
STREET ADDRESS	915 E 50TH ST	5.3 STREET ADDRESS	613 Baltimore Drive
CITY-ST-ZIP	LUBBOCK TX	5.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUANE, ROBERT	6.2 NAME	Joan Morena
STREET ADDRESS	1515 BIG TOWN BLVD	6.3 STREET ADDRESS	613 Baltimore Drive
CITY-ST-ZIP	MESQUITE TX	6.4 CITY-ST-ZIP	Wilkes-Barre, PA 18702

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

WIFE REQUIRED

CR2E034 (10/97)