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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # P32572

(0)

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1200 W. RISINGER ROAD FORT WORTH TX 76134 Mailing Address 1200 W. RISINGER ROAD FORT WORTH TX 76134 FORT WORTH TX 76134								
					3. Date Incorporated or Qualified	1	te of Last F	Report
					01/23/1991	02/2	<u> 27/1996 </u>	
ı '	lace of Business	2a. Mailing Address			4. FEI Number			oplied For
Suite, Apt	# ctr	26 Suite, Apt. #, etc.			75-2329045			ot Applicable Additional
Suite, Apri	# , 616.	27			5. Certificate of Status Desired			eguired
City & State	e	City & State	·		6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution			to Fees
Zıp	Country	Zip	Country	У	8. This corporation has liability for	intangible	tax under s	199.032,
1	25	29	30	·			No	
	9. Name and Address of Cu	irrent Registered Agent	81	() No.	10. Name and Address of New Ro	egistered /	Agent	
	ENGA, WILLIAM		81	Name				
2222 POLK STREET #2			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		······································
HOL	LYWOOD FL 33020		83					
			(**	' [
			84	City		(C4	85 Zip	Code
			•••	7 0,1,	the state of the s	-		
11. Pursuant office or r agent. La	to the provisions of Sections 607 registered agent, or both, in the s rm familiar with, and accept the c	' 0502 and 607 1508, Florida Sta State of Florida. Such change wa obligations of, Section 607 0505,		1 "	poration submits this statement for the dion's board of directors. I hereby acce	purpose of opt the app	changing i ointment as	ts registered registered
SIGNATURE	Signature Type is or printed name of registers		tutes, the aboves authorized b	ve-named corpora by the corpora	poration submits this statement for the ation's board of directors. I hereby accessived when reinstating) ADDITIONS/CHANGES TO OFFI	purpose of opt the app		
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I. 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 it on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/97 817-293.531.