

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**FILED**  
**Aug 13 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P33718 (8)**

1. Corporation Name  
**TARA GROUP, INC.**



Principal Place of Business: **10670 NORTH CENTRAL EXPRESSWAY, SUITE 410 SUITE 601 DALLAS TX 75231 US**  
Mailing Address: **10670 N CENTRAL EXPY SUITE 601 DALLAS TX 75231 US**

3. Date Incorporated or Qualified: **04/26/1991**  
3a. Date of Last Report: **07/10/1995**  
4. FEI Number: **75-2290552**  
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  No

2. Principal Place of Business: **Ste 410**  
2a. Mailing Address: **Ste 410**  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent: **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 re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORGAN, RICHARD D.	
STREET ADDRESS	10670 N CENT. EXP., #601	
CITY-ST-ZIP	DALLAS TX	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SHUMATE, F. TERRY	
STREET ADDRESS	10670 N CENT. EXP. #640	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, SCOTT P	
STREET ADDRESS	10670 N CENTRAL EXPWY, STE 640	
CITY-ST-ZIP	DALLAS TX	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	WILLET, MARY K	
STREET ADDRESS	10670 N CENTRAL EXPWY, STE 600	
CITY-ST-ZIP	DALLAS TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>Suite 410</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>STD Maria Blackburn-Morgan</b>
2.3 STREET ADDRESS	<b>10670 N. Central Expwy #410</b>
2.4 CITY-ST-ZIP	<b>Dallas Tx</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes and that my name appears in Block 12 or Block 13. If changed, on an attachment with an address.

SIGNATURE: **Maria Blackburn-Morgan** 6-7-96 214-750-6290  
MARTA BLACKBURN-MORGAN, SECRETARY/TREASURER

CR2E034 (3/96)