

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

FILED

**Mar 26 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P38732 (4)
1. Corporation Name
TRANSCONTINENTAL REALTY INVESTORS, INC.



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|---|---|
| Principal Place of Business 10670 NORTH CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231 | Mailing Address 10670 NORTH CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/11/1992 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 94-6565852 | Applied For Not Applicable |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 P | <input type="checkbox"/> DELETE |
| NAME PAULSON, RANDALL M | |
| STREET ADDRESS 10670 N CENTRAL EXPWY SUITE 600 | |
| CITY-ST-ZIP DALLAS TX | |
| TITLE EVP | <input type="checkbox"/> DELETE |
| NAME HOLLAND, THOMAS A | |
| STREET ADDRESS 10670 N CENTRAL EXPWY SUITE 600 | |
| CITY-ST-ZIP DALLAS TX | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME WHITE, MARTIN L | |
| STREET ADDRESS 8051 COACH DRIVE | |
| CITY-ST-ZIP OAKLAND CA | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME ZAMPA, EDWARD G | |
| STREET ADDRESS #50 OSGOOD PL #110 | |
| CITY-ST-ZIP SAN FRANCISCO CA | |
| TITLE SVP | <input type="checkbox"/> DELETE |
| NAME WALDMAN, ROBERT A. | |
| STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, SUITE 600 | |
| CITY-ST-ZIP DALLAS TX | |
| TITLE T | <input type="checkbox"/> DELETE |
| NAME POTERA, DREW D | |
| STREET ADDRESS 10670 N CENTRAL EXPRESSWAY, SUITE 600 | |
| 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 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.

CR2E034 (10/97)

3/26/98 2:14:02 AM