SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

City & State

Zip

24

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

25

City & State

Zip

Principal Place of Business	Mailing Address			
5350 LBJ FREEWAY STE. 269	6350 LBJ FREEWAY STE. 269			
DALLAS TX 75240	DALLAS TX 75240			

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**FILED** Jul 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

05/29/1992

4. FEI Number 75-2401781

9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
CT	CORPORATION SYSTEM		81	Name					- (		
1200 SOUTH PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)				$\dashv$		
PLAN	VTATIÔN FL 33324		"	Oli Doi:	Address (1.0. Box Hamber to Hot Hoodplasto)						
	•		83								
			84	City		Tor	Zio Cr	-da			
			04	City	FL	85	Zip Co	oue	- 1		
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											
0,011,110,12	Signature, typed or printed name of registered agent and title if ap	plicable (NOTE	Registered A	gistered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AF	ANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	DELETE	1.1 TITLE			Chr	ange _	Additio	on		
NAME	JONES, C.N.		1.2 NAME						8		
STREET ADDRESS	6350 LBJ FREEWAY SUITE 269			ADDRESS					- 19		
CITY-ST-ZIP	DALLAS TX 75240		1.4 CITY-ST	-ZIP					9		
TITLE	VP ,i	DELETE	2.1 TITLE			Ch	ange [	Additio	on i		
NAME	DUNCAN, LEONARD		2.2 NAME								
STREET ADDRESS	6350 LBJ FREEWAY SUITE 269		2.3 STREET	ADDRESS							
CITY-ST-ZIP	DALLAS TX 75240		2.4 CITY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·						
TITLE	\$ ·	DELETE	3.1 TITLE			Chi	ange [	Additio	on		
NAME	JONES, CHRISTY		3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP	DALLAS TX 75240	240		3 4 CITY-ST-ZIP							
TITLE	AS -	DELETE	4.1 TITLE			Chi	ange [	Additio	on		
NAME	DUNÇAN, LEONARD		4.2 NAME								
STREET ADDRESS	6350 LBJ FREEWAY SUITE 269		4.3 STREET	ADDRESS							
CITY-ST-ZIP	DALLAS TX 75240		4.4 CITY-ST	-ZIP					1		
TITLE		DELETE	5.1 TITLE			Ch	ange [	Additio	on .		
NAME			5.2 NAME				-				
STREET ADDRESS			5.3 STREET	ADDRESS					1		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP							
TITLE		DELETE	6.1 TITLE			Ch	ange [	Additio	on .		
NAME			6.2 NAME								
STREET ADDRESS	1		6.3 STREET	ADDRESS					- [		
CITY-ST-ZIP	r *		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 effection with an eddress.											

Country

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