

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

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**Feb 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P39038** (5)  
1. Corporation Name  
**MR PARTNERS, INC.**



Principal Place of Business  
ATTN: LEGAL DEPT.  
13780 NOEL ROAD, SUITE 700 LB 70  
DALLAS TX 75240

Mailing Address  
ATTN: LEGAL DEPT.  
13780 NOEL ROAD, SUITE 700-LB 70  
DALLAS TX 75240

3. Date Incorporated or Qualified **05/29/1992** 3a. Date of Last Report **05/01/1996**

4. FEI Number **75-2430875** 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 2a. Mailing Address

21 Suite, Apt #, etc. **#600** 26 Suite, Apt #, etc. **#600**

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, DONALD K.</b>	
STREET ADDRESS	<b>13780 NOEL ROAD, #700, LB 70</b>	
CITY - ST - ZIP	<b>DALLAS TX 75240</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, RON K.</b>	
STREET ADDRESS	<b>13780 NOEL RD., SUITE 700, LB 70</b>	
CITY - ST - ZIP	<b>DALLAS TX</b>	
TITLE	<b>S DONALD REED, DONALD K.</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, DONALD K.</b>	
STREET ADDRESS	<b>13780 NOEL ROAD #700 LB70</b>	
CITY - ST - ZIP	<b>DALLAS TX</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNEIL, ROBERT A.</b>	
STREET ADDRESS	<b>13780 NOEL ROAD, #700</b>	
CITY - ST - ZIP	<b>DALLAS TX</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FAHS, CAROL A.</b>	
STREET ADDRESS	<b>13780 NOEL ROAD #700 LB70</b>	
CITY - ST - ZIP	<b>DALLAS TX</b>	
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>#600</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>#600</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>S DONALD K. Reed</b>
3.3 STREET ADDRESS	<b>13780 Noel Rd., #600, LB70</b>
3.4 CITY - ST - ZIP	<b>DALLAS TX 75240</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>#600</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>13780 NOEL Rd., #600, LB70</b>
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 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 on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED**, Pres. 1/17/97 (972) 448-5800  
Date Daytime Phone #  
0528079

CR2E034 (9/96)