

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40348** (5)
1. Corporation Name
JPI PARTNERS, INC.

Principal Place of Business 600 E. LAS COLINAS BLVD SUITE 1800 IRVING TX 75039	Mailing Address 600 E. LAS COLINAS BLVD SUITE 1800 IRVING TX 75039
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1992	
21		26		4. FEI Number 75-2290974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARPENTER, JOHN W., III			1.2 NAME			
STREET ADDRESS	600 E. LAS COLINAS BLVD SUITE 1800			1.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75039			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, J. FRANK, III			2.2 NAME			
STREET ADDRESS	600 E. LAS COLINAS BLVD SUITE 1800			2.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75039			2.4 CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, J. FRANK, III			3.2 NAME			
STREET ADDRESS	600 E. LAS COLINAS BLVD SUITE 1800			3.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75039			3.4 CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHUBERT, FRANK B., JR.			4.2 NAME			
STREET ADDRESS	600 E. LAS COLINAS BLVD SUITE 1800			4.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75039			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, C. CHRISTOPHER			5.2 NAME			
STREET ADDRESS	4320 EDMONDSON			5.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75205			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	INGRAM, RONALD D			6.2 NAME			
STREET ADDRESS	1300 TRAVIS CIRCLE S.			6.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75062			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.

SIGNATURE:

200002464032
-03/20/98-01113--007
***150.00

CR2E034 (10/97)