

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

FILED
Mar 17 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 # P93000060537 (6)

1. Corporation Name
PRG FLORIDA X, INC.



Principal Place of Business

**5430 LBJ FREEWAY
 SUITE 1540
 DALLAS TX 75240**

Mailing Address

**5430 LBJ FREEWAY
 SUITE 1540
 DALLAS TX 75240-2635**

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/01/1993 | 3a. Date of Last Report 01/26/1996 |
| 4. FEI Number 59-3198968 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 5430 LBJ FREEWAY | 2a. Mailing Address 5430 LBJ FREEWAY |
| 21. Suite, Apt. #, etc. STE 1540 | 26. Suite, Apt. #, etc. STE 1540 |
| 22. City & State DALLAS TX | 27. City & State DALLAS TX |
| 24. Zip 75240 | 29. Zip 75240 |
| 25. Country | 30. 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 | |
| | | | | 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 _____ (NOTE: For power of attorney agent, signature required when recording) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D'AMICO, RICHARD J | 1.2 NAME | VICE PRESIDENT SECRETARY |
| STREET ADDRESS | 5430 LBJ FREEWAY, #1540 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75240 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | EMMETT E. MOORE |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 5430 LBJ FREEWAY STE 1540 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | DALLAS TX 75240 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | VICE PRESIDENT TREASURER |
| STREET ADDRESS | | 3.3 STREET ADDRESS | RICHARD M OWEN |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | 5430 LBJ FREEWAY STE 1540 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, or on an attachment with an address.

SIGNATURE: *Richard M Owen* **0-4-97** **972-982-8210**

CR2E034 (9/96)