

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 24 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000029576 (3)
 1. Corporation Name
FLORIDA 1993 - N3, INC.

Principal Place of Business Mailing Address
5310 HARVEST HILL ROAD SUITE 210, L.B. 120 DALLAS TX 75230-5805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/14/1994** 3a. Date of Last Report
 4. FEI Number **75-2536025** 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. 25 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. 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: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MICHAEL	1.2 NAME	Katz, Michael
STREET ADDRESS	5310 HARVEST HILL ROAD, SUITE 210 L.B. 120	1.3 STREET ADDRESS	111 Great Neck Rd
CITY - ST - ZIP	DALLAS TX 75230-5805	1.4 CITY - ST - ZIP	Great Neck, NY 11021
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLEY, CORNELIA C	2.2 NAME	Buckley, Cornelia C.
STREET ADDRESS	5310 HARVEST HILL ROAD, SUITE 210 L.B. 120	2.3 STREET ADDRESS	280 Park Ave-21W
CITY - ST - ZIP	DALLAS TX 75230-5805	2.4 CITY - ST - ZIP	New York, NY 10017
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAIR, ROBERT L III	3.2 NAME	Robert L. Adair III
STREET ADDRESS	5310 HARVEST HILL ROAD, SUITE 210 L.B. 120	3.3 STREET ADDRESS	1845 Woodall Rodgers Tower
CITY - ST - ZIP	DALLAS TX 75230-5805	3.4 CITY - ST - ZIP	Dallas, TX 75201
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Joe Jernigan
STREET ADDRESS		4.3 STREET ADDRESS	5310 Harvest Hill Rd, #210, LB 120
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Dallas, TX 75230-5805
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Allyn S. Patrick
STREET ADDRESS		5.3 STREET ADDRESS	5310 Harvest Hill Rd., Suite 210
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Dallas, TX 75230-5805
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:  **Joe Jernigan** 4/10/95 214/774-7400
DIGITALLY SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Listline Phone #