

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000044705 (9)

1. Corporation Name

TAMPA 4802 GUNN HIGHWAY, INC.

Principal Place of Business

Mailing Address

14001 DALLAS PARKWAY
SUITE 200
DALLAS TX 75240

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SUITE 200
DALLAS TX 75240

FILED
96 JUN 19 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3820 State Street		26 3820 State Street		06/15/1994		04/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		75-2545082		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Santa Barbara, CA		28 Santa Barbara, CA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 93105		25 U.S.		29 93105		30 U.S.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS ST.
STE. 105
TALLAHASSEE FL 32301

81 Name	C T Corporation System		
82 Street Address (P.O. Box Number is Not Acceptable)	1200 S. Pine Island Rd.		
83			
84 City	Plantation	85 Zip Code	FL 33324

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: *D.F. Hickey* *D.F. Hickey ASST. Secy.*
Signature (Print or Printed Name of Registered Agent and Title, if Applicable) (NOTE: Registered Agent Signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	SABATINO, THOMAS J JR.	1.2 NAME	Michael H. Focht, Sr.
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	1.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	DALLAS TX 75240	1.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	D	2.1 TITLE	Sr.VP/Sec'y/Director
NAME	BAILEY, BARY G	2.2 NAME	Scott M. Brown
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	2.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP	DALLAS TX 75240	2.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	D	3.1 TITLE	Exec.VP
NAME	SMITH, W. RANDOLPH	3.2 NAME	
STREET ADDRESS	14001 DALLAS PARKWAY, STE. 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Exec.VP/CF0
NAME		4.2 NAME	Trevor Fetter
STREET ADDRESS		4.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE		5.1 TITLE	VP/AT
NAME		5.2 NAME	Terence P. McMullen
STREET ADDRESS		5.3 STREET ADDRESS	3820 State Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE		6.1 TITLE	
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott M. Brown

6/17/96

805/563-7075

CR2E034 (3/96)