

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90227 012 ***150.00

DOCUMENT # P95000079561

1. Corporation Name
9270 EAGLE RANCH ROAD INC.



Principal Place of Business
C/O STATE BOARD OF ADMINISTRATION
SUITE 600
TALLAHASSEE FL 32308
US

Mailing Address
P.O. BOX 13300
SUITE 600
TALLAHASSEE FL 32317-3300
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1801 Hermitage Blvd.		26 1801 Hermitage Blvd.		10/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 600		27 600		85-0435772	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tallahassee, FL		28 Tallahassee, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32308 25 US		29 32308 30 US			

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BOULEVARD
SUITE 100
TALLAHASSEE FL 32308

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BENNETT, DOUGLAS W				
STREET ADDRESS	1801 HERMITAGE BOULEVARD				
CITY-ST-ZIP	TALLAHASSEE FL 32308				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	MILLER, TODD A				
STREET ADDRESS	1801 HERMITAGE BOULEVARD				
CITY-ST-ZIP	TALLAHASSEE FL 32308				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SMITH, ANDREWS G				
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800				
CITY-ST-ZIP	DALLAS TX 75231				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	PLUMLEE, DANIEL L				
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800				
CITY-ST-ZIP	DALLAS TX 75231				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	WELCH, MARK V				
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800				
CITY-ST-ZIP	DALLAS TX 75231				
TITLE	VAS	<input checked="" type="checkbox"/> DELETE			
NAME	DINGMAN, JOSEPH W				
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY, SUITE 800				
CITY-ST-ZIP	DALLAS TX 75231				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	James W. Horton				
1.3 STREET ADDRESS	1801 Hermitage Blvd.				
1.4 CITY-ST-ZIP	Tallahassee, FL 32308				
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Jeffrey L. Smith				
2.3 STREET ADDRESS	1801 Hermitage Blvd.				
2.4 CITY-ST-ZIP	Tallahassee, FL 32308				
3.1 TITLE	VAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Luanne K. Good				
3.3 STREET ADDRESS	1801 Hermitage Blvd.				
3.4 CITY-ST-ZIP	Tallahassee, FL 32308				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
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 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, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/20/99
Daytime Phone #: 850-488-4406

CR2E034 (1/98)