

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

FILED
Apr 21 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 # P96000075280 (3)

1. Corporation Name
XIAN, INC.



Principal Place of Business 1070 E. INDIANTOWN ROAD SUITE 410 JUPITER FL 33477	Mailing Address 1070 E. INDIANTOWN ROAD SUITE 410 JUPITER FL 33477
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1996	4. FEI Number 65-0692377	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent MCDONALD, DONNA 1070 E. INDIANTOWN ROAD SUITE 410 JUPITER FL 33477	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
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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	
TITLE	PT <input type="checkbox"/> DELETE
NAME	WILLIAMS, RALPH V
STREET ADDRESS	8615 FREEPORT PKWY., SUITE 200
CITY-ST-ZIP	IRVING TX
TITLE	VP <input type="checkbox"/> DELETE
NAME	MOORE, LISA G
STREET ADDRESS	1070 E INDIANTOWN RD, STE 410
CITY-ST-ZIP	JUPITER FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MACDONALD, DONNA
STREET ADDRESS	1070 E INDIANTOWN RD, STE 410
CITY-ST-ZIP	JUPITER FL
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	HUNT, PEGGY
STREET ADDRESS	8615 FREEPORT PKWY, STE 200
CITY-ST-ZIP	IRVING TX
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	KAREL OLSEN
4.4 CITY-ST-ZIP	8615 FREEPORT PKWY, STE. 200
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	IRVING, TX
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.

SIGNATURE: *[Signature]* 2/9/98 561-744-1088

CR2E034 (10/97)