

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

DOCUMENT # P98000063917

1. Corporation Name
TEXAS MEADOWS II, INC.

Principal Place of Business
950 NORTH ORLANDO AVENUE #320
WINTER PARK FL 32789

Mailing Address
950 NORTH ORLANDO AVENUE #320
WINTER PARK FL 32789

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a Mailing Address

26 P.O. Box 4961

Suite, Apt #, etc.

27 City & State
ORLANDO, FL

28 Zip Country
32802 USA

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature requires notary public stamp)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PALMER, CHARLES B
STREET ADDRESS 950 NORTH ORLANDO AVENUE #320
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D. I. S. T.

[X] Change [] Addition

V
NORTON T. PALMER
950 N. ORLANDO AVE, SUITE 320
WINTER PARK, FL 32789

[] Change [X] Addition

L
THOMAS R. MCMAHON
950 N. ORLANDO AVE, SUITE 320
WINTER PARK, FL 32789

[] Change [X] Addition

200002859492-5
-04/30/99-01145-014
****158.75 ****158.75

[] Change [] Addition

[] Change [] Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES B. PALMER

4/23/99

407-125-4544

Official Phone #

0079450

CR2E034 (11/98)