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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90088 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **826678**

1. Corporation Name
MANHATTAN CONSTRUCTION COMPANY



Principal Place of Business 111 WEST FIFTH ST STE 1000 TULSA OK 74119	Mailing Address 111 WEST FIFTH ST STE 1000 TULSA OK 74119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5601 S. 122nd East Ave.	2a. Mailing Address 26 5601 S. 122nd East Ave.	3. Date Incorporated or Qualified 08/27/1971	4. FEI Number 73-0338330	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	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	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 City & State Tulsa, OK	28 City & State Tulsa, OK	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip 74146	25 Country US	29 Zip 74146	30 Country US	

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
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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ROONEY, L.F. III 111 W. FIFTH ST., SUITE 1000 TULSA OK	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 S. 122nd East Ave. Tulsa, OK 74146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWSON, JIM W. P.O. BOX 949 N/A MUSKOGEE OK	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 S. 122nd East Ave. Tulsa, OK 74146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERGUSON, CURTIS 2120 MONTROSE BLVD HOUSTON, TX 0	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROONEY, TIM P 3890 W. NORTHWEST HWY SUITE 100 DALLAS TX	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 appointment with an address, with all other like empowered.

SIGNATURE: Jim Lawson **Jim Lawson** 4-21-99 918-878-3341
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)