

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 10 1996 8:00 am
Secretary of State

DOCUMENT # F92000000279 (1)

1. Corporation Name

GARDEN CAPITAL INCORPORATED



Principal Place of Business: **THREE FOREST PLAZA, 12221 MERIT DRIVE, SUITE 600, DALLAS TX 75251**
Mailing Address: **THREE FOREST PLAZA, 12221 MERIT DRIVE, SUITE 600, DALLAS TX 75251**

3. Date Incorporated or Qualified: **11/17/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **ATTN: C. WEAVER, 10670 N. CENTRAL, SUITE, Apt. #, etc: 600, City & State: DALLAS TX, Zip: 75231**
22. Suite, Apt. #, etc.: **600**
23. City & State: **DALLAS TX**
24. Zip: **75231**
25. Country: **DALLAS**

FBI Number: **75-2421121**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent: **81 Name: THE PRENTICE-HALL CORPORATION SYSTEM INC., 82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET, SUITE 105, 83 TALLAHASSEE FL 32301, 84 City: TALLAHASSEE, 85 Zip Code: 32301**

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, I, 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: _____ (Name of person making the change) _____ (Name of Agent submitting this report when not a director)

12. OFFICERS AND DIRECTORS

TITLE: PSD	NAME: DOYLE, JOHN A	STREET ADDRESS: 12221 MERIT DRIVE, SUITE 600	CITY-ST-ZIP: DALLAS TX 75251	<input type="checkbox"/> DELETE
TITLE: T	NAME: WILLIAMS, CAROL	STREET ADDRESS: 12221 MERIT DRIVE, SUITE 600	CITY-ST-ZIP: DALLAS TX 75251	<input type="checkbox"/> DELETE
TITLE: D	NAME: GREEN, RICHARD	STREET ADDRESS: 16311 VENTURA BLVD., # 1050	CITY-ST-ZIP: ENCINO CA 91436	<input type="checkbox"/> DELETE
TITLE: D	NAME: SIMON, HENRY W	STREET ADDRESS: 400 PROFESSIONAL BLVD., 300 WEST 10TH	CITY-ST-ZIP: FT. WORTH TX 76102	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	D GREEN, RICHARD
3.3 STREET ADDRESS:	16311 Ventura Blvd., Suite 1065
3.4 CITY-ST-ZIP:	Encino, CA 91436
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:	300001857363
5.3 STREET ADDRESS:	-06/11/96--01013--031
5.4 CITY-ST-ZIP:	***225.00
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol A. Williams* CAROL A. WILLIAMS 6-5-96 (214) 392-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)