


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

FILED
Apr 01 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 # 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 ATTN: C. WEAVER 10670 N. CENTRAL SUITE 600 DALLAS TX 75234
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1992	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 75-2421121	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				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	

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 CT Corporation System
82. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.
83. City Plantation
84. State FL
85. Zip Code 33324

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 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: *Randy A. Shelley* **RANDY A. SHELLEY**
 SPECIAL ASSISTANT SECRETARY
 DATE: **3/26/98**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DOYLE, JOHN A	
STREET ADDRESS	12221 MERIT DRIVE, SUITE 600	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CAROL	
STREET ADDRESS	12221 MERIT DRIVE, SUITE 600	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, RICHARD	
STREET ADDRESS	16311 VENTURA BLVD., #1065	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMON, HENRY W	
STREET ADDRESS	400 PROFESSIONAL BLVD., 300 WEST 10TH	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ETTNER, LARRY	
STREET ADDRESS	19 REGENTS LANE	
CITY-ST-ZIP	LINCOLNSHIRE IL	
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 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.

SIGNATURE: *Carol A. Williams* **3-7-98 214-739-2981**

CR2E034 (10/97)