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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

840072

(3)

FILED May 01 1996 8:00 am Secretary of State

| CUTLE | er-Williams incorpora' | TED | | | | | |
|---|--|----------------------------|---------------------------------------|-------------|---|-------------------|---------------------------------------|
| Principal Place of | of Business | Mailing Address | | | 1 100 101 20111 03841 00181 1 | <u> </u> | İK BIRİL DIBIL GIRIL BIRIL BIRIL INDI |
| 1407 PIEDMONT DRIVE EAST 1407 PIEDMONT DRI SUITE A SUITE A | | | | | | | |
| TALLAHASSI | EE FL 32312 | TALLAHASSEE PL 3 | TALLAHASSEE FL 32312 | | 3. Date incorporated or Qua 02/23/1978 | ified 3a. D | ate of Last Report 04/17/1995 |
| 2. Principal Plac | pe of Business | 2a. Mailing Address | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 4. FEI Number | | Applied For |
| 21 26 | | 26 | | | 75-1300240 | | |
| Suite, Apt. #, | , etc. | Suite, Apt. #, etc. | 1 | | 5. Certificate of Status Desire | ed 🔲 | \$8.75 Additional Fee Required |
| City & State | | City & State | ¬ ' ' | | Election Campaign Financ Trust Fund Contribution | ing | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Zip Country 30 | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No | | |
| | 9. Name and Address of Curren | | | | 10. Name and Address of I | lew Register | ed Agent |
| | | | 81 | Name | | | |
| CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM | | | 82 | Street A | Address (P.O. Box Number is Not Acc | ceptable) | |
| | | | _ | J | | | |
| 1200 SOUTH PINE ISLAND RD. | | | 83 | 1 | | | |
| PLANTATION FL 33324 | | | 84 Cit | | | F | 85 Zip Code |
| | | 1007 1500 55-54 044 | ica tipa abaya | 1 | orporation submits this statement for t board of directors. I hereby accept the | | |
| 1amiliar witr | n, and accept the obligations of, Sections of Sections of Resident agents. | tand the trapplicable (No. | otte: Registered Ag | | required when reinstalling! ADDITIONS/CHANGES To | DATE | |
| 12. | OFFICERS AND DIRECTORS DELETE | | 13. | | 7 | J OFFICERS P | Change Addition |
| THILE | DANIFORM THEOROGE A | | 1 | | Presidente George W. Fink | | |
| NAME | DANFORTH, THEODORE N. 508 OLD LANE ROAD | | 1.2 NAME 1.3 STREET ADDRESS W | | | . . | H COL |
| STREET ADDRESS | LONG ISLAND NY | | 1.4 CITY | | | kway, | * 1190 |
| CITY-ST-ZIP TITLE | V V | DE DELETE | 2 1 THILE | | Ex. J. President | <u> </u> | Change Addition |
| NAME | BRZOZY, Z. RICHARD | | 2.2 NAME | | Denvel L. Shimes | | -1 |
| STREET ADDRESS | 1 444 644 104 1166 11 | | 23 STRE | ET ADDRESS | 4400 Post Oak Pe | kway. | # 1130 |
| CITY-SI-ZIP | HIGHLAND VILLAGE TX | 1 | 2.4 CITY- | -ST-ZIP | Houston Ta | 17027 | |
| TITLE | D | DELETE | 3 1 1111 | | BL T Dame | 1 | Change (Addition |
| NAME | JACOBS, MARSHALL A. | • | 3 2 NAMI | | Mrs. Disk Ask | . L. | - 44.13a |
| STREET ADDRESS | 77 WATER STREET | | 3.3 STRE | ET ADDRESS | THOS TOST CONT. | | محددا تد الحد |
| CITY-ST-ZIP | NEW YORK NY | | 3.4 CITY | | Houston, 19 | 7027 | Channa M Addition |
| TITLE | DP | DELETE | 4 1 1:11 | | U. Pas. | | Change 🔣 Addition |
| NAME | ENOCHS, GEORGE H. | • | 4.2 NAM | | William L. Chu | Lect | |
| STREET ADDRESS | 3116 BERRYMEADE | | | E1 ADDRESS | 4400 Post Dak Houston, Ta-7 | Porkum | , 本リラ。 |
| CITY-ST-ZIP | DALLAS TX | DELETE | 4.4 CITY | | Houston, Ta 7 | 7 02.7 | Change Addition |
| TITLE | VST DONALD E | ☐ beceig | 5 1 TITU | | | | |
| NAME | PATRICK, RONALD E. | | 5.2 NAM | | | | |
| STREET ADDRESS | 817 CRANE | | | { I ADDRESS | | | |
| CITY-ST-ZIP | COPPELL TX | TTLACTETE | 5.4 CITY 6 1 TITL | | | | Change Addition |
| TITLE NAME | V REYNOLDS, JOHN G. | ₩ ELLETE | 6 2 NAM | | | | |

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 certify that I am an officer or directly 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 certify that I am an officer or directly that the information is annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or directly 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 indicates 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 certify that the information indicates on 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 indicates on 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 indicates on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certified in Section 119.07(3)(k). Florida Statutes in Section 119.07(3)(k). Florida Statutes in Section 119.07(3)(k). Florida Statutes in Section 119.07(3)(k). Florida Statutes in Section 119.07(3)(k). Florida Statutes in Section 119.07(3)(k). Florida Statutes in Section 119.07(3)(k). Florida Statutes in Section 119

63 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

DITY-ST-ZIP

5500 GLENSHIRE DR.

PLANO TX

SIGNATURE AND TYPEO OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytnie Phon∈ #