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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State **Katherine Harris**

04-23-1999 90109 020 ***150.00

DOCUMENT #	60061	7
1. Corporation Name	00001	•

DOC ELODIDA IL INC

PNG FLO	IIIUA II, INC	1.								
Principal Place	of Business		Mailing Address				f 100410 Briti Datel Antih allal ilait.			all millet tabl
5430 LBJ FREEV SUITE 1540 DALLAS TX 752			5430 LBJ FREEWAY SUITE 1540 DALLAS TX 75240				DO NOT WRITE 3. Date Incorporated or Qualifed 12/02/1968	E IN THIS S	SPACE	
2. Principal PI	ace of Business		2a. Mailing Address				4. FEI Number		App	olied For
21 14800) Landmar	k	26 14800 Landmar	k			59-1226228		Not	Applicable
Suite, Apt.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	□	\$8.75 A	-
	e_500		27 Suite 500						Fee Re	<u> </u>
City & State	9		City & State				6. Election Campaign Financing		\$5.00	
	as TX		28 Dallas, TX	Countr			Trust Fund Contribution		Added to	rees
Zip		Country	Zip	_	•		This corporation owes the currer Personal Property Tax.			□No
24 75240		USA I Address of Current I	29 75240 31	ol US	Δ_		10. Name and Address of New Re			
	o: Haile and	Address of Carrone	Acdioto. and Marit	8	1	Name				_
NRAI	SERVICES, IN	IC.			_	<u> </u>	(D.C. Co. Number is Not Assessed	<u> </u>		
526 [EAST PARK AV	/ENUE		8:	2	Street Add	ress (P.O. Box Number is Not Acceptable			
TALL	AHASSEE FL	32301		8	3					٠,
				8	4	Oth	·		85 Zip C	ode.
		•		[]		City		FL	1 '	
11. Pursuant office or reagent. I as	to the provisions egistered agent, m familiar with, a	of Sections 607.0502 or both, in the State of accept the obligation	and 607.1508, Florida Statutes Florida. Such change was aut ons of, Section 607.0505, Florid	, the abor norized b a Statute	ve- y thes	named corporati	poration submits this statement for the prion's board of directors. I hereby accept	urpose of c the appoin	hanging its tment as rec	registered gistered
SIGNATURE	Classics band of pd	inted name of registered agent a	and title if ecolicable (NOTE: R	nA benetzine	ent	signature require	ed when reinstating)	DATE		
12.	Signature, typed bi pri	OFFICERS AND		13.	-	organic roquin	ADDITIONS/CHANGES TO OFFI	CERS AN	DIRECTO	RS IN 12
TITLE	VPS	<u> </u>	CkDELETE	1.1 TITLE	:	P	resident		Change	Addition
NAME	D'AMICO, RIC	CHARD J		1.2 NAME	E	M	lichael Yeary			ļ
STREET ADDRESS		EEWAY, #1540		1.3 STRE	ET A	ADDRESS 1	4800 Landmark, Suite	500		•
CITY-ST-ZIP	DALLAS TX	···,	_	1.4 CITY-	ST-	ZIP D	allas, Texas 75240			
TITLE	PSD		☐ _X DELETE	2.1 TITLE		V	ice President		Change	☐ Addition
NAME	MOORE, EMA	WETT E.		2.2 NAME	Ē	J	onathan Bond			
STREET ADDRESS	5430 LBJ FR	EEWAY, SUITE 1540	0	2.3 STRE	ET A	ADDRESS 1	4800 Landmark, Suite	500		
CITY-ST-ZIP	-DALLAS TX_	2 t 2 2		2.4 CITY		-ZIP D	allas, Texas 75240			(T) A datas
TITLE	VPT		□ X DELETE	3.1 TITLE	•	S	ecretary		_ ≵ Change	Addition
NAME	OWEN, RICH			3.2 NAME		3 -	aren Nicolaou			
STREET ADDRESS		eeway, Suite 1540	0				005 Riverway Dr., Sui	te 40	0	
CITY-ST-ZIP	DALLAS TX			3.4. CITY			ouston, Texas 77056		Change	_ Addition
TITLE			☐ DELETE	4.1 TITLE			sst. Secretary			CM videoon
NAME				4. 2 NAM			ane Edenburn			
STREET ADDRESS				4.3 STRE	ET/	ADDRESS 1	4800 Landmark, Suite5	00		

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 tystee 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

Dallas, Texas 75240

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Daytime Phone #

Change

Change

Addition

Addition