

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

NON-PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **639191** (6)

1. Corporation Name

**THE ERROL ESTATE REALTY COMPANY**



Principal Place of Business

Mailing Address

3030 LBJ FRWY  
#700  
DALLAS TX 75234

6030 LBJ FRWY P.O. Box 819012  
#700-  
DALLAS TX 75234 75381

3. Date Incorporated or Qualified <b>10/09/1979</b>	3a. Date of Last Report <b>01/31/1995</b>
4. FEI Number <b>59-1942748</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

**ROBB, PAMELA M  
1311 S VINELAND RD  
SUITE A  
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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

Signature typed or printed in full on separate page (see instructions) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEININGER, DAVID</b>	1.2 NAME	<b>James Hinckley</b>
STREET ADDRESS	<b>3030 LBJ FRWY #700</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADDISON, RANDOLPH D</b>	2.2 NAME	
STREET ADDRESS	<b>14651 DALLAS PKWY, #700</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOEN, RANDY L</b>	3.2 NAME	
STREET ADDRESS	<b>3030 LBJ FRWY #700</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOZICH, SHIRLEY M.</b>	4.2 NAME	
STREET ADDRESS	<b>655 ERROL PARKWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULLOCH, BETTY</b>	5.2 NAME	<b>800001902748</b>
STREET ADDRESS	<b>3030 LBJ FREWY #700</b>	5.3 STREET ADDRESS	<b>-07/24/96--01009--007</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	5.4 CITY-ST-ZIP	<b>***25.00</b>
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAMBIE, R. H.</b>	6.2 NAME	<b>900001902749</b>
STREET ADDRESS	<b>3030 LBJ FREEWAY, #700</b>	6.3 STREET ADDRESS	<b>-07/24/96--01009--008</b>
CITY-ST-ZIP	<b>DALLAS, TEXAS 75234</b>	6.4 CITY-ST-ZIP	<b>***200.00</b>

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 the same; that the information required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report, or on an attachment with an address.

SIGNATURE: *Betty Bulloch* **Betty Bulloch** 7/16/96

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division File No.

CR2E034 (12/95)