| | PROFIT PORATION JAL REPORT 1997 | RATION Sandra B. Mortham REPORT Socretary of State | | F STATE m | FILED Apr 24 1997 8:00ar Secretary of State | | | | | |
|---|---|---|--|--|--|---|----------------|--------------------------------|---|---|
| | MENT # 81795 Name RATE LINK REALTY, INC. | | (8) | | | | | | | |
| Principal Place 250 ÓARPENTE IRVING TX 750 US | R FREEWAY | P CC DA | ailing Address O BOX 660237 DRP TAX DEPT NLLAS XT 75266-0237 | | | | | | | |
| 1 | | US | \$ | | | 3. Date incorporated 05/27/1964 | or Qualified | | ito of Last F)1/1996 | loport |
| 2. Principal Pl | ace of Business | 2a. | Mailing Address | | | 4. FEI Number | | | | oplied For |
| 1 | | 26 | | | | 22-1739577 | | | مديد إمماد المصرية مره | ot Applicable |
| Suite, Apt. | ₩, GIC. | 27 | Suite, Apt. #, etc. | | | 5. Certificate of Statu | s Desired | | | Additional equired |
| City & State |) | 28 | City & State | ·· | | 6. Election Campaign Trust Fund Contrib | | | \$5.00 | May Be to Fees |
| Zip | Country | | Zip | Coun | try | 8. This corporation h | · · _ | _ ~ _ | | . 199.032, |
| 4 | 25 9. Name and Address of Cur | 29 rrent Regis | lered Agent | 30 | | Florida Statutes 10. Name and Addre | | Yes gistered / | | |
| | PRENTICE-HALL CORPORAT | ION SYST | inc. | 8 | 31 Name | | | | | |
| | I HAYS STREET TE 105 | | | Ĩ | 32 Street Add | dress (P.O. Box Number is | Not Acceptat | ble) | | |
| | LAHASSEE FL 32301 | | | ĩ | 33 | | | | | • ··• |
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| | | | | i | 34 City | a dan marina da takan 10 takan 11 ji kata kanala marina kata kata da takan 10 takan 10 takan kata | | | 85 7in | Codo |
| 11. Pursuant i office or r | to the provisions of Sections 607. egistered agent, or both, in the St | 0502 and 6 tate of Florid | 07 1508, Florida Statut da. Such chango was i | | 64 City ove-named cor by the corpora | rporation submits this state alion's board of directors. I | ment for the p | FL purpose of pl the app | · · | Code ts registered registered |
| SIGNATURE | to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the of Stonature, typed or printed name of registered OFFICERS | d agnot and title | il applicable (NOT CTORS | les, the abd authorized orida Statu E: Registered 13. | ove-named cor by the corpora tes. Agent signature requ | rporation submits this state ation's board of directors. I vited when reinstating) ADDITIONS/CHANG | | purpose of pl the app | changing i ointment as | ts registered registered |
| SIGNATURE | Signature, typed or printed name of registeric OFFICERS | d agnot and title | if applicable (NOT | les, the abo authorized orida Statu E: Registered 13. | ove-named cor by the corpora tes. Agent signature requ | uired when reinstating) | | purpose of pl the app | changing i ointment as | ts rogistered registered |
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