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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90017 023 ***150.00

AFC SEC	Curities inc					
Principal Place	e of Business	Mailing Address				ISBNS BIBSE BIBSE BESIEF BIBSE 1881
% ASSOCIATES 250 CARPENTER	CORPORATION OF NORTH AMERICA R FREEWAY	P O BIX 660237 CORP TAX DEPT	ORP TAX DEPT		DO NOT WRITE IN THIS	S SPACE
IRVING TX 75062 DALLAS TX 75266-0237 US US					3. Date Ir corporated or Qualifed	
00					11/12/1970	
2. Princina Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	lace of Basinoss	26		35-1173049	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22	,	27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in	
24	25	29 3	0		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Add ess of Current	Registered Agent			10. Name and Address of New Registered	Agent
		DVOTEM INO	81	Name		
THE PRENTICE-HALL CORPORATION SYSTEM INC.			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	HAYS STREET					
	E 105		83			
IALL	AHASSEE FL 32301		84	City		85 Zip Code
				•	F\	
agent. I a SIGNATURE	m familiar with, and accept the obligate	and title if applicable (NOTE: R	egistered Agen		co poration submits this statement for the purpose or oration's board of directors. I hereby accept the app of	
12.	OFFICERS AND		13.		ADDITIC NS/CHANGES TO OFFICERS /	Change Addition
TITLE	AT	☐ DELETE	1.1 TITLE			Change Distantion
NAME	DVID A. FRANKLIN		1.2 NAME			
STREET ADDRESS			1.3 STREET	1		
CITY-ST-ZIP	IRVING TX	☐ DELETE	1.4 CITY-ST	-ZIP		☐ Change ☐ Addition
TITLE	D	C. DELETE	2.1 TITLE			
NAME	NOONAN, DIANE		2.2 NAME			`
STREET ADDRESS	250 CARPENTER FREEWAY		2.3 STREET			
CITY-ST-ZIP	IRVING TX		2.4 CRY-ST-ZIP			☐ Change ☐ Addition
TITLE	S CHOKOW FOEDDIC C	DECEL	3.2 NAME	\ \		
NAME	LISKOW, FREDRIC C			ADDRESS		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP			
CITY-ST-ZIP	IRVING TX	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	DPT Franklin, David A.		4 2 NAME			_ • _
STREET ADDRESS	250 CARPENTER FREEWAY		4.3 STREET	ADDRESS		
	IRVING_TX		4.4 CITY-ST			
CITY-ST-ZIP TITLE	AVS	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	GREENE, P.J.		5.2 NAME			
STREET ADDRESS	250 CARPENTER FREEWAY		5.3 STREET	ADDRESS		
CITY-ST-ZIP	IRVING TX		5.4 CITY-ST	r-ZIP		_
TITLE	111111111111111111111111111111111111111	☐ DELETE	61 TITLE	$\neg \neg$		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST	-ZIP	_	

14. Thereby 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 or rify that the information indicated on this annual report or supplemental a neural 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, with all other like emarked U. GREENE

ASSIT VICE PRESIDENT

ASSIT VICE PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OF PUNTER NAME OF SIGNING OFFICER OR DIRECTOR ASS'T SECHETARY