FILE NOW: FILING FEE AF PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA D Sand Se	T IS \$55 EPARTMENT (Ira B. Morth cretary of State OF CORPOR	DF STATE am	FILED May 15 1998 8:00ar Secretary of State		
Corporation U.S. HC	MENT # 84661 ME FINANCE CORPORA	· · ·					
Principal Place of Business 1800 W.LOOP SOUTH P.O.BOX 2863 HOUSTON TX 77252		1800 W.LOOP SOUTH P.O.BOX 2863 HOUSTON TX 77252			DO NOT WRITE IN THIS SPACE		
					 Date Incorporated or Qualified 07/30/1980 		
Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1995931		plied For t Applicable
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc).	·····	5. Certificate of Status Desired	□ \$8.75 / Fee Re	dditional
City & State		City & State	27 City & State 28		 Election Campaign Financing Trust Fund Contribution 	\$5.00	May Be
Zip	Country 25	28 Zip 29	Cou 30	ntry	B. This corporation owes or has pa Personal Property Tax due June	aid the current year Int	
	Name and Address of Cur CORPORATION SYSTEM	rent Registered Agent		81 Name	10. Name and Address of New Re		
	00 \$. PINE ISLAND ROAD ANTATION FL 33324			82 Street Add	Iress (P.O. Box Number is Not Acceptal	ble)	
Pursuant 1	to the provisions of Sections 607.0	0502 and 607.1508. Florida 5	Statutes, the al	83 84 Cily pove-named cor	poration submits this statement for the	FL	Code s registered
INATURE	Signature, typed or printed name of registered	i agent and the if applicable		84 City pove-named cor d by the corpora utes.	poration submits this statement for the patient is board of directors. I hereby acce wired when renatating)	PL purpose of changing it pt the appointment as	s registered registered
NATURE	Signature, typed or printed name of registered OFFICERS /		(NOTE Registered	84 City pove-named cor d by the corpore utes. 3 Agent signature requ	ried when reinstating)	PL purpose of changing it pt the appointment as	s registered registered S IN 12
E E E E E E E E E E T ADDRESS	Signature, typed or printed name of registered OFFICERS	agent and the if any cable AND DIRECTORS	(NO1E: Registere 13. E 1.1 TI 1.2 N 1.3 Si	B4 City pove-named cor d by the corpore utes. 3 Agent signature required ILE ILE IME REET ADDRESS	ried when reinstating)	PL purpose of changing it put the appointment as DATE CERS AND DIRECTOR	s registered registered S IN 12
	Signature, typed or profed name of registered OFFICERS - VPAS SADOWSKI, CHESTER P 1800 WEST LOOP SOUTH	agent and two if applicable AND DIRECTORS DELET	(NOTE: Registere 13. E 1.1 TI 12 N 1.3 ST 1.4 CI E 2.1 TI 2.2 N	B4 City Dove-named cord d by the corpore utes. 3 Agent signature required ILE ILE REET ADDRESS TY-ST-ZIP TLE	ried when reinstating)	PL purpose of changing it put the appointment as DATE CERS AND DIRECTOR	s registered registered
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