

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # F93000000167 (7)

1. Corporation Name

CARMEL PROPERTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

10670 N. CENTRAL EXPRESSWAY, SUITE 600  
SUITE 555  
DALLAS TX 75231  
US

10670 N. CENTRAL EXPRESSWAY, SUITE 600  
SUITE 555  
DALLAS TX 75231  
US

3. Date Incorporated or Qualified  
01/14/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

75-2435931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA STREET  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ENDENDYK, BRUCE A  
STREET ADDRESS 10670 N. CENTRAL EXPRESSWAY, SUITE 640  
CITY- ST- ZIP DALLAS TX

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

05 T  
Shunete, F. Terry  
10670 N. Central Expwy #  
Dallas, Tx 75231

☐ Change

☒ Addition

TITLE P  
NAME NICHOLS, WILLIAM C  
STREET ADDRESS 10670 N. CENTRAL EXPRESSWAY, SUITE 640  
CITY- ST- ZIP DALLAS TX 75231

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE VP  
NAME COOPER, STUART B  
STREET ADDRESS 10670 N. CENTRAL EXPRESSWAY, SUITE 640  
CITY- ST- ZIP DALLAS TX

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE VP  
NAME CONLEY, RICK  
STREET ADDRESS 10670 N. CENTRAL EXPRESSWAY, SUITE 640  
CITY- ST- ZIP DALLAS TX

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE VP  
NAME LOWDERMAN, LORI  
STREET ADDRESS 10670 N. CENTRAL EXPRESSWAY, SUITE 640  
CITY- ST- ZIP DALLAS TX

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE AS  
NAME WEAVER, CHERYL  
STREET ADDRESS 10670 N. CENTRAL EXPRESSWAY, SUITE 640  
CITY- ST- ZIP DALLAS TX

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

700002189107  
-05/23/97--01003--042  
\*\*\*165.00

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. Terry Shunete

4/29/97

Date

214 750 5800

Daytime Phone #

CR2E034 (12/95)