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PROFIT CORPORATION ANNUAL REPORT



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

1996

F9300001072 (8)

DOCUMENT # F9300 1. Corporation Name CARMIL CAPITAL CORPORATION

FILED May 01 1996 8:00 am Secretary of State

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600 EAST LAS COLINAS BLVD., SUITE 1800 IRVING TX 75039		600 EAST LAS COLINAS BLVD SUITE 1800 IRVING TX 75039						
IRVING TX 750	SS .	INVEST AT COMPANI			3. Date Incorporated or Qualified 02/25/1993	3a. Date of 05/0	1/1995	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied	
		26			75-2290047		Not App	
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additi Fee Require	
		27			6. Election Campaign Financing		\$5.00 May	
City & State		City & State			Trust Fund Contribution		Added to Fe	
Zip	Country	7 p	Cou	intry	8. This corporation has liability for it	intangible tax u	inder s 199.00	32,
1	25	29	30			□No		
1	9. Name and Address of Curre	ent Registered Agent		I	10. Name and Address of New R	legistered Ag	ent	
				81 Name				
CORPOR	ATION INFORMATION SERVIC	ES, INC.		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	YS STREET			83				
TALLAHA	SSEE FL 32301							
				84 City		FL	85 Zip Code	3
					oration submits this statement for the pu ard of directors. I hereby accept the app	roose of chanc	ning its register	ed off
	n, and accept the obligations of, So-			o Alphil sajuat ze regan	65 wher resistand ADDITIONS/CHANGES TO OFF			
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NAME	•							
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	HARRIS, CHRISTOPHER C 4320 FDMONDSON AVE		1	NAME STREET ADDRESS				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(5)(k), fronted statutes in filing the 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 certify that the information indicated in this gravitation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if change if or on any attachment with an address.

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/96 (214)

(214) 556-38 ZI