Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90022 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9300001990

1. Corporatio			-			ŀ				
CERTIFI	ed systems of Texas, in	NC.								
							! (00)(00 }	ER KRIMAR KARIK RAKIK PRIKA PRIKA	((40 ())	
ı	•		_						() eb () ee (b)	/
Principal Plac	e of Business	Mailing Add	ess				1 (98)(84 (1	10 16:08 (1111 691() 86()) 061		10 10111 6011 1001
3218 HWY. 67		3218 HWY. 6	7			· · · · · · · · · · · · · · · · · · ·				
SUITE 201		SUITE 201					DO NOT WRITE IN THIS SPACE			
MESQUITE TX	75150	MESQUITE T	MESQUITE TX 75150				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
							•			
							04/27/1993	<u> </u>		
2. Principal P	Place of Business	├ ─┐	2a. Mailing Address				4. FÉI Number	•	 	Applied For
21	_ <u></u>	26					75-239926	6		Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	•				5. Certifcate of S	Status Desired 🔲		Additional
22	المرابعة المرابعين المرابعة الممين المحيد				ب - ب ربت	<u> </u>		<u> </u>		Required:
City & Stai	te	City & S	tate				6. Election Camp		•	May Be
23		28					Trust Fund Co	ontribution	Adde	d to Fees
Zip	Zip Country		Zip Count			ļ	8. This corporation owes the current year Intangible			
24	25	29					Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Ag	ent				10. Name and A	ddress of New Regis	tered Agent	
	CORROBATION OVOTEN INC			18	31 Name	е				
	CORPORATION SYSTEM, INC.		82 Street Addro			t Addres	s (P.O. Box Numb	er is Not Acceptable)		
1200 S. PINE ISLAND RD.										
PLA	NTATION FL 33324			[1	33	-				
•	•			}-	34 City			<u>-</u>	- 85 Zi	p Code
				۱,	City			ż	FL °° -	, 00dc
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508,	Florida Statute	es, the abo	ove-name	d corpor	ation submits this	statement for the purp	ose of changing	its registered
affina ar	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such a	hande wae a	uthorized l	hu tha con	poration	's board of director	s. I hereby accept the	appointment as	registered
		10013 OI, COOLOTT	707.0000 7 101							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE	Registered A	gent signature	e required w	hen reinstating)		ATE	
12.		ID DIRECTORS		13.			ADDITIONS/CI	HANGES TO OFFICE	RS AND DIREC	FORS IN 12
TITLE	DP		DELETE	1.1 1111.		QCT			Chang	e 🗌 Addition
NAME	ROBERTS, LARRY L JR.	,	•	1.2 NAV	IE.	$-1\Delta \alpha$	mount ()	ctt		
STREET ADDRESS	6819 MIDCREST			13 STR	EET ADDRESS	s TN	120 emy	tawe.		
CITY-ST-ZIP	DALLAS TX 75240			1	-ST-ZIP	130	00.	100532		
TITLE	S		DELETE	2.1 TITL		rapi	ar jus	WUJJJ.	☐ Chang	e Addition
NAME	LAMBETH, JULIE	•		2.2 NAM		{				
	2513 HACKBERRY PLACE		•		EET ADDRES!	ا				
STREET ADORESS	Ī					"				
CITY-ST-ZIP =	_PLANO_TX_75025	· <u></u>	DELETE	3.1 TITL	Y-ST-ZIP -	- 	<u> </u>		Chang	e Addition
TITLE	1	l	OEFEIE							
NAME	,			3.2 NAM						
STREET ADDRESS	·				EET ADDRES	S				
CITY-ST-ZIP				_	Y-ST-ZIP			•		. Addisin
TITLE		Į.	☐ DELETE	4.1 1111					Chang	e Addition
NAME	1			4. 2 NA	AE					
STREET ADDRESS	:[4.3 STR	EET ADDRES	s				
CITY-ST-ZIP	<u> </u>			4.4 CITY	-ST-ZIP					
TITLE			DELETE	5.1 TITL	£	1	-		☐ Chang	e 🔲 Addition

CITY-ST-ZIP 14. I hereby 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 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition