

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F93000003762 (2)**

1. Corporation Name  
**PAS FINANCIAL GROUP, INC.**

Principal Place of Business  
**6301 CAMPUS CIRCLE DRIVE, EAST  
STE. 100  
IRVING TX 75063-2791**

Mailing Address  
**6301 CAMPUS CIRCLE DRIVE, EAST  
STE. 100  
IRVING TX 75063-2791**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/16/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **75-2321226** 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

TITLE	PD
NAME	BECK, JERRY DON
STREET ADDRESS	1410 WHITE CHAPEL ROAD
CITY - ST - ZIP	SOUTHLAKE TX 76092-5680
TITLE	VPD
NAME	HART, MARGARET CLARA
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 2000
CITY - ST - ZIP	IRVING TX
TITLE	STD
NAME	VALQUETTE, SANDRA GAIL
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 2000
CITY - ST - ZIP	IRVING TX 75039-5680
TITLE	VPD
NAME	CHAPMAN, JAMES DONALD
STREET ADDRESS	600 E. LAS COLINAS BLVD., SUITE 2000
CITY - ST - ZIP	IRVING TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BECK, JERRY DON	
1.3 STREET ADDRESS	1410 WHITE CHAPEL ROAD	
1.4 CITY - ST - ZIP	SOUTHLAKE, TX 76092-5680	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HART, MARGARET CLARA	
2.3 STREET ADDRESS	6301 CAMPUS CIR. DR., E. SUITE 100	
2.4 CITY - ST - ZIP	IRVING, TX 75063-2791	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	← RESIGNED	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	← RESIGNED	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(3)(a), 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: **Margaret C. Hart**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Margaret C. Hart*  
4-20-95

214-756-0212  
(Home Phone)

Vice President