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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003762

PAS FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address						i inbilan tien stenn feter unter onere merre	76tri A6tas tilti iaala i	9)
6301 CAMPUS CIRCLE DRIVE. EAST 6301 CAMPUS CIRCLE DRIVE. STE. 100 STE. 100 IRVING TX 75063-2791 IRVING TX 75063-2791			E. EAST	DO NOT WRITE IN TH		THIS SPACE		
-						3. Date Incorporated or Qualifed 08/16/1993		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26				75-2321226	<u>.\</u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State	е	City & State				6. Election Campaign Financing		May <u>.</u> Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country			8. This corporation owes the current year		□No
24	25	29 3	0			Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curren	ir Kegistered Agent	81	Name		To Hame und Hadrood of the Hegist		
C T CORPORATION SYSTEM					8 d d	(D.O. Day Number in Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			82	Street	Address	s (P.O. Box Number is Not Acceptable)		
PLA	NTATION FL 33324		83					
			84	City	·		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						· · · · · · · · · · · · · · · · · · ·	FL O E FL	
l office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by la Statutes	the corpo	orations	s board of directors. Thereby accept the a	ippointment as reg	gistered
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R ID DIRECTORS	egistered Ager	t signature r	required wh	hen reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PTD +						Change	Addition
NAME	BECK, JERRY DON		. 1.2 NAME		PD	•	,,	
STREET ADDRESS	1410 WHITE CHAPEL ROAD		1.3 STREET	ADDRESS				
CiTY-ST-ZIP	SOUTHLAKE TX		1.4 CITY-S	T-ZIP				
TITLE	S	☐ DELETE	2.1 TITLE		SD		XX Change	☐ Addition
NAME	BEAUDETTE, KATHLEEN		2.2 NAME					
STREET ADDRESS	4009 BRADLEY LN.			2.3 STREET ADDRESS				:
CITY-ST-ZIP	ARLINGTON TX 76017	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		71		Change	Addition
NAME			3.2 NAME		700) y Geiffin nd Shadow Creek CT. thlake TX 76092		Λ.
STREET ADDRESS				ADDRESS	220	Stockus Crash CT.		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	Sol	thinke TX 76092		
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			43 STREE	ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 TITLE				Change	☐ Addition
NAME			52 NAME	. ADDDCcc				
STREET ADDRESS				T ADDRESS	1			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-217			☐ Change	☐ Addition
TITLE		- Occesie	6.2 NAME					
NAME			U.Z PANIC		1			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(972) 756 0212