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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F93000005187 1. Corporation Name

PERA POINTE, INC.

Principal Place of Business

% INVESCO REALTY ADVISORS 5 INVESCO REALTY ADVISORS 5400 LBJ FREEWAY STE 1200 5400 LBJ FREEWAY SUITE 700 DO NOT WRITE IN THIS SPACE **DALLAS TX 75240** DALLAS TX 75240 3. Date Incorporated or Qualifed LIS 11/16/1993 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 84-1246040 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 700 27 Fee Required 700 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip Yes 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 83 TALLAHASSEE FL 32301 Zip Code 85 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE FARMER, DAVID 1.2 NAME NAME 5400 LBJ FREEWAYT SUITE 700 1.3 STREET ADDRESS STREET ADDRESS DALLAS TX 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE JENKINS, DOROTHY 2.2 NAME NAME 5400 LBJ FREEWAY SUITE 700 2.3 STREET ADDRESS STREET ADDRESS DALLAS TX 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE RAGSDALE, RON 32 NAME NAME 5400 LBJ FREEWAY SUITE 700 3.3 STREET ADDRESS STREET ADDRESS DALLAS TX 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE BENEDICT, NORMAN G 4.2 NAME NAME 1300 LOGAN STREET 4.3 STREET ADDRESS STREET ADDRES DENVER CO City-St-Zip 4.4 CITY-ST-ZIP ☐ Change DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME KIRBY, MICHAEL 5.3 STREET ADDRESS 5400 LBJ FREEWAY SUITE 700 STREET ADDRESS 5.4 CITY-ST-ZIP DALLAS TX CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE me

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1 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.

STREET ADDRESS

NAME

CITY-ST-ZIP-

NOTURE REQUIRED.

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90070 027 ***150.00

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