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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90121 014 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001926

1. Corporation Name

L&B INSTITUTIONAL PROPERTY MANAGERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**NORTH PARK CENTER
8750 NORTH CENTRAL EXPRESSWAY, SUITE 800
DALLAS TX 75231-6437**

Mailing Address
**NORTH PARK CENTER
8750 NORTH CENTRAL EXPRESSWAY, SUITE 800
DALLAS TX 75231-6437**

3. Date Incorporated or Qualified

04/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

75-2426734

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 PINE ISLAND RD
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARDNER, M. THOMAS	1.2 NAME	Smith, G. Andrews
STREET ADDRESS	8750 N. CENTRAL EXPRESS WAY STE 800	1.3 STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, Suite 800
CITY-ST-ZIP	DALLAS TX 75231	1.4 CITY-ST-ZIP	DALLAS, TX 75231-6437
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMLEE, DANIEL L	2.2 NAME	Plumlee, Daniel L.
STREET ADDRESS	8750 N. CENTRAL EXPRESS WAY STE 800	2.3 STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, Suite 800
CITY-ST-ZIP	DALLAS TX 75231	2.4 CITY-ST-ZIP	DALLAS, TX 75231-6437
TITLE	ASV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINGMAN, JOSEPH W	3.2 NAME	Kroener, Brent W.
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY STE 800	3.3 STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, Suite 800
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	DALLAS, TX 75231-6437
TITLE	VTS <input type="checkbox"/> DELETE	4.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, MARK V	4.2 NAME	Welch, Mark V.
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY STE 800	4.3 STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, Suite 800
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	DALLAS, TX 75231-6437
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Cooley, Kenneth W.
STREET ADDRESS		5.3 STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, Suite 800
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DALLAS, TX 75231-6437
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CHAPMAN, PAUL C.
STREET ADDRESS		6.3 STREET ADDRESS	8750 N. CENTRAL EXPRESSWAY, Suite 800
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DALLAS, TX 75231-6437

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brent W. Kroener 1-5-99
Exec. VP & TREASURER 214-989-0800

Date

Daytime Phone #

CR2E034 (11/98)