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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jan 23 1998 8:00am

	1998	DIVISION OF CORPORATIONS					Secretary of State					
1. Corporation	MENT # ON, INC.	F94000	003748	(0)	-							
Principal Plac	e of Business		Mailing Address						iii 2312) 8 8(\$))	6 1011 1001	
1000 W CROSBY							•					
SUITE 120 SUITE 120 CARROLLTON TX 75006 CARROLLTON TX 75006							٠.	DO NOT WRITE	IN THIS S	PACE		
us us								3. Date Incorporated or Qualified 07/18/1994	•]
	lace of Business		2a. Mailing Addre	ss				4. FEI Number			plied For	_
21	#	26 Suite Ast # etc					75-2468347			t Applicable	4	
Suite, Apt. #, etc. Suite, Apt. #, 27								5. Certificate of Status Desired		\$8.75 A		
	City & State City & State							6. Election Campaign Financing		\$5.00		1
23	28							Trust Fund Contribution		Added		_]
Zip		ountry	Zip		Country			8. This corporation owes or has pa				
24	25 29 30 9, Name and Address of Current Registered Agent							Personal Property Tax due June 10. Name and Address of New Re			(No	4
			legistered Agent		81	Name		10. Name and Address of New Ad	gistered	gent		\dashv
1000 COLUMN STOTEM												4
	ANTATION FL 33				82	Street A	Addres	ss (P.O. Box Number is Not Acceptate	oie)			
					83							7
					84	City				85 Zip (Code	4
						i .			FL	1 1		_
11. Pursuant	to the provisions of egistered agent, or	Sections 607.0502 a both, in the State of	ind 607.1508, Florida Florida, Such chang	e was autho	ne above orized by	e-named of the corp	corpo: oratio	ration submits this statement for the parties of directors. I hereby acceptable to the parties of directors and the parties of	ourpose of pt the appo	changing it sintment as	s registered registered	
agent. I a	m familiar with, and	I accept the obligation	ons of, Section 607.0	505, Florida	Statutes	3.						
SIGNATURE	Signature typed or printer	d name of registered agent a	nd title if applicable.	(NOTE: Bac	istered Age	ent signature	required	when reinstating)	DATE			
12.		OFFICERS AND I			13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	IS IN 12	75
TITLE	CEO		☐ DEL	ETE	1.1 TITLE					Change	Addition Addition	15
NAME	BROCK, BARN				1.2 NAME	1						13
STREET ADDRESS	CARROLLTON	BBY, SUITE 120			1.3 STREET	- 1						Įį
CITY-ST-ZIP	EVP	1/4	☐ DEL	ė TĖ	1.4 CITY - S 2.1 TITLE	T-ZIP				Change	Addition	₽Š
TITLE NAME	BEELER, WAY	'NF	_ 0	-16	2.1 IIILE 2.2 NAME					onange		1
STREET ADDRESS		BY, SUITE 120			2.3 STREET	ADDRESS						ĺ
CITY-ST-ZIP	CARROLLTON			l	2. 4 CITY-1							1
TITLE			DEL	ETE	3.1 TITLE					Change	Addition	1
NAME				l.	3.2 NAME							ļ
Street address	ı			ľ	3.3 STREET	ADORESS						ĺ
CITY-ST-ZIP					3.4. CITY - S	ST-ZIP				[] Observe	A APPROPRIATE	-
TITLE			DEL	EIE	4.1 TITLE	1				Change	Addition	1
NAME					4. 2 NAME	1000000						
STREET ADDRESS				1	4.3 STREET 4.4 CITY - S							
CITY-ST-ZIP TITLE			5.1 TITLE	1- <u>2</u> F				Change	Addition	4		
NAME			 -	1	5.2 NAME					-		
STREET ADDRESS				•	5.3 STREET	ADDRESS						
CITY-ST-ZIP					5.4 CITY-S	T- ZIP						
TITLE			☐ DEL	ETE	6.1 TITLE					Change	Addition	1
NAME					6.2 NAME	Ì						
STREET ADDRESS				1	6.3 STREET	· · · · · · · · · · · · · · · · · · ·						
CITY-ST-ZIP					6.4 CITY~S	T-ZIP						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 Licotyporation or the receiver of fusices empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a larged, or on an attachment with an address.

SIGNATURE:

1/2/18

972-245-5457