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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003748 1. Corporation Name DORSON, INC.

Principal Place of Business Mailing Address

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90130 043 ***150.00



1000 W CROSBY SUITE 120 CARROLLTON TX 75006	1000 W. CROSBY SUITE 120 CARROLLTON TX 75006			DO NOT WRITE IN THIS SPACE	
US .	US			3. Date Incorporated or Qualifed 07/18/1994	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
1	26			75-2468347	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29 30	Country	/	This corporation owes the current ye Personal Property Tax.	ar Intangible □ Yes □ No
9. Name and Address of Curr	rent Registered Agent	,		10. Name and Address of New Regist	ered Agent
C T CORPORATION SYSTEM		81	Name		<u></u>
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324		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	CEO DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	BROCK, BARNEY	1.2 NAME					
STREET ADDRESS	1000 W CROSBY, SUITE 120	1.3 STREET ADDRESS					
CITY-ST-ZIP	CARROLLTON TX	1.4 CITY-ST-ZIP					
TITLE	EVP DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	BEELER, WAYNE	2.2 NAME					
STREET ADDRESS	1000 W CROSBY, SUITE 120	2.3 STREET ADDRESS					
CITY-ST-ZIP	CARROLLTON TX	2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE	Change Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS	•				
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME	}				
STREET ADDRESS		4.3 STREET ADDRESS					
C/TY-ST-Z/P		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME	,				
STREET ADDRESS		5.3 STREET ADDRESS	}				
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADORESS		6.3 STREET ADDRESS					
City-St-ZIP	The second secon	6.4 CITY-ST-ZIP	Cartier 440 07/240 Florida Statutas I further cartify that the information				

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 informationate 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 the 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 $\omega \omega \ell$