

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

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90014 044 \*\*\*558.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F94000005713**

1. Corporation Name

**1993-N3 FLORIDA GP CORP.**

Principal Place of Business

**700 N PEARL STR  
STE 2400 LB 342  
DALLAS TX 75230-5805  
US**

Mailing Address

**700 N PEARL STR  
STE 2400 LB 342  
DALLAS TX 75230-5805  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1994**

4. FEI Number

**75-2569591**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE **S**  
NAME **ALLYN S PATRICK**  
STREET ADDRESS **700 N PEARL STR STE 2400**  
CITY-ST-ZIP **DALLAS TX**

☐ DELETE

TITLE **D**  
NAME **MATTHEW BERNSTEIN**  
STREET ADDRESS **280 PARK AVE 21W**  
CITY-ST-ZIP **NEW YORK NY**

☒ DELETE

TITLE **PD**  
NAME **ADAIR, ROBERT L III**  
STREET ADDRESS **1845 WOODALL RODGERS FREEWAY**  
CITY-ST-ZIP **DALLAS TX**

☒ DELETE

TITLE **V**  
NAME **WAGONER, BRADFORD A**  
STREET ADDRESS **5310 HARVEST HILL RD, SUITE 210**  
CITY-ST-ZIP **DALLAS TX 75230-5805**

☐ DELETE

TITLE **PD**  
NAME **ADAIR, ROBERT L III**  
STREET ADDRESS **700 N PEARL ST STE 2400**  
CITY-ST-ZIP **DALLAS TX**

☒ DELETE

TITLE **V**  
NAME **WAGONER, BRADFORD A**  
STREET ADDRESS **700 N PEARL ST STE 2400**  
CITY-ST-ZIP **DALLAS TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **V**  
1.2 NAME **Gregory M. Adams**  
1.3 STREET ADDRESS **700 N Pearl Street Suite 2400**  
1.4 CITY-ST-ZIP **Dallas TX 75201**

☐ Change ☒ Addition

2.1 TITLE **V**  
2.2 NAME **Andrew S. Doughtie**  
2.3 STREET ADDRESS **700 N Pearl Street Suite 2400**  
2.4 CITY-ST-ZIP **Dallas TX 75201**

☐ Change ☒ Addition

3.1 TITLE **V**  
3.2 NAME **B. W. Giesen, II**  
3.3 STREET ADDRESS **700 N. Pearl Street Suite 2400**  
3.4 CITY-ST-ZIP **Dallas TX 75201**

☐ Change ☒ Addition

4.1 TITLE **D**  
4.2 NAME **Michael Katz**  
4.3 STREET ADDRESS **111 Great Neck Road**  
4.4 CITY-ST-ZIP **Great Neck NY 11021**

☒ Change ☐ Addition

5.1 TITLE **D**  
5.2 NAME **Matthew Bernstein**  
5.3 STREET ADDRESS **130 Liberty Street, 25th Floor**  
5.4 CITY-ST-ZIP **New York NY 10006**

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

Date

Daytime Phone #