SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006583 (8)**

1. Corporation Name
PANORAMIC LAND, INC.

Principal Place of Business	Mailing Address
5950 BERKSHIRE LN. SUITE 400 DALLAS TX 75225	5950 BERKSHIRE LN. SUITE 400 DALLAS TX 75225

3. Date Incorporated or Qualified: **12/23/1994**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **75-1298388** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	GARFIELD, RAYMOND JR		1.2 NAME	Johnson, Scott A.	
STREET ADDRESS	5950 BERKSHIRE LN.		1.3 STREET ADDRESS	5950 Berkshire Ln.	
CITY-ST-ZIP	DALLAS TX 75225		1.4 CITY-ST-ZIP	Dallas, TX 75225	
TITLE	VS	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	EMERY, F. CHARLES		2.2 NAME	Winzeler, Dennis K.	
STREET ADDRESS	5950 BERKSHIRE LN.		2.3 STREET ADDRESS	5950 Berkshire Ln.	
CITY-ST-ZIP	DALLAS TX 75225		2.4 CITY-ST-ZIP	Dallas, TX 75225	
TITLE	CFOT	☐ DELETE	3.1 TITLE	AS	☐ Change ☒ Addition
NAME	YOUNG, LAURA J		3.2 NAME	Harrah, Marilyn R.	
STREET ADDRESS	5950 BERKSHIRE LN.		3.3 STREET ADDRESS	5950 Berkshire Ln.	
CITY-ST-ZIP	DALLAS TX 75225		3.4 CITY-ST-ZIP	Dallas, TX 75225	
TITLE	V	☐ DELETE	4.1 TITLE	AS	☐ Change ☒ Addition
NAME	MAINORD, SAM J		4.2 NAME	Aycock, Sherry L.	
STREET ADDRESS	5950 BERKSHIRE LN.		4.3 STREET ADDRESS	5950 Berkshire Ln.	
CITY-ST-ZIP	DALLAS TX 75225		4.4 CITY-ST-ZIP	Dallas, TX 75225	
TITLE	V	☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	SEBESTA, ROBERT A		5.2 NAME	David W. Quinn	
STREET ADDRESS	5950 BERKSHIRE LN.		5.3 STREET ADDRESS	5950 Berkshire Ln.	
CITY-ST-ZIP	DALLAS TX 75225		5.4 CITY-ST-ZIP	Dallas, TX 75225	
TITLE	AVT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PINSON, KIMBERLY A		6.2 NAME		
STREET ADDRESS	5950 BERKSHIRE LN.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75225		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberly Pinson — Kimberly Pinson 6/11/96 214/360-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #