


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

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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90169 024 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000115

1. Corporation Name  
AMRESKO CONSOLIDATION CORP.



Principal Place of Business 700 N. PEARL STE 2400 DALLAS TX 75201 US	Mailing Address 700 N. PEARL STE 2400 DALLAS TX 75201 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/09/1995	4. FEI Number 75-2580191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP CFOD HOLIDAY, HAROLD E JR 700 N. PEARL, STE 2400, LB342 DALLAS TX <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LUTZ, ROBERT H JR 700 N. PEARL, STE 2400, LB342 DALLAS TX <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CEO LUTZ, ROBERT H. JR. 700N. PEARL, STE 2400, LB 342 DALLAS, TX 75201-7424
TITLE NAME STREET ADDRESS CITY-ST-ZIP EVTD EDWARDS, BARRY L 700 N. PEARL, STE 2400, LB342 DALLAS TX <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP V CFO EDWARDS, BARRY L 700 N. PEARL STREET, STE 2400; LB 342 DALLAS, TX 75201-7424
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPGC BLACKWELL, L. KEITH 700 N. PEARL, STE 2400, LB342 DALLAS TX <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DS BLACKWELL, L. KEITH 700 N. Pearl Street, Suite 2400, LB 342 Dallas, Texas 75201-7424
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPC KIRKLAND, RONALD B 700 N. PEARL, STE 2400, LB342 DALLAS TX <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP T THOMAS J. ANDRUS 700 North Pearl Street, Suite 2400, LB 342 Dallas, Texas 75201-7424
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ADAIR, ROBERT L 700 N. PEARL, STE 2400, LB342 DALLAS TX <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP P ADAIR, ROBERT L. 700 NORTH PEARL STREET, SUITE 2400, LB 342 Dallas, TX 75201-7424

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:  4/29/99 214-953-7725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Keith Blackwell, Director & Secretary

CR2E034 (11/98)