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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001059 (3)

1. Corporation Name

1992-N1 FLORIDA GP CORP.

Principal Place of Business

% AMRESO MGMT/ L.B. 120. SUITE 210
5310 HARVEST HILL ROAD
DALLAS TX 75230-5805

Mailing Address

% AMRESO MGMT/ L.B. 120. SUITE 210
5310 HARVEST HILL ROAD
DALLAS TX 75230-5805



3. Date Incorporated or Qualified
03/06/1995

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 700 North Pearl Str.

Suite, Apt. #, etc.

22 Suite 2400, LB 342

City & State

23 Dallas, Texas

Zip

24 75201

Country

25 USA

2a. Mailing Address

26 700 N. Pearl Street

Suite, Apt. #, etc.

27 Suite 2400, LB 342

City & State

28 Dallas, Texas

Zip

29 75201

Country

30 USA

4. FEI Number

75-2587493

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 SOUTH PINE ISLAND ROAD
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

Signature of each person who is a registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ADAIR, ROBERT L III
STREET ADDRESS 1845 WOODALL RODGERS FREEWAY
CITY-STATE-ZIP DALLAS TX 75201

TITLE ST ☐ DELETE
NAME PATRICK, ALLYN S
STREET ADDRESS 5310 HARVEST HILL ROAD, SUITE 210
CITY-STATE-ZIP DALLAS TX 75230-5805

TITLE V ☐ DELETE
NAME WAGONER, BRADFORD A
STREET ADDRESS 5310 HARVEST HILL ROAD, SUITE 210
CITY-STATE-ZIP DALLAS TX 75230-5805

TITLE D ☐ DELETE
NAME BUCKLEY, CORNELIA
STREET ADDRESS BANKERS TRUST/ 280 PARK AVENUE - 21W
CITY-STATE-ZIP NEW YORK NY 10017

TITLE D ☐ DELETE
NAME KATZ, MICHAEL
STREET ADDRESS STERLING EQUITIES/ 111 GREATNECK ROAD
CITY-STATE-ZIP GREAT NECK NY 11021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition
12 NAME Adair, Robert L. III
13 STREET ADDRESS 700 North Pearl Street, Suite 2400
14 CITY-STATE-ZIP Dallas, TX 75201-7424

21 TITLE ST ☒ Change ☐ Addition
22 NAME Patrick, Allyn S.
23 STREET ADDRESS 700 North Pearl Str., Suite 2400
24 CITY-STATE-ZIP Dallas, TX 75201-7424

31 TITLE V ☒ Change ☐ Addition
32 NAME Wagoner, Bradford A.
33 STREET ADDRESS 700 North Pearl Str., Suite 2400
34 CITY-STATE-ZIP Dallas, TX 75201-7424

41 TITLE D ☒ Change ☐ Addition
42 NAME Matthew Bernstein
43 STREET ADDRESS Bankers Trust/280 Park Ave-21W
44 CITY-STATE-ZIP New York, NY 10017

51 TITLE V ☐ Change ☒ Addition
52 NAME Gregory M. Adams
53 STREET ADDRESS 700 North Pearl Str., Suite 2400
54 CITY-STATE-ZIP Dallas, TX 75201-7424

61 TITLE V ☐ Change ☒ Addition
62 NAME B. W. Giesen, II
63 STREET ADDRESS 700 North Pearl Str., Suite 2400
64 CITY-STATE-ZIP Dallas, TX 75201-7424

14. I do 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.

SIGNATURE:

Allyn S. Patrick
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97

Date

214/953-7700

Daytime Phone #

CR2E034 (9/96)