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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002309 (1)

1. Corporation Name

JPI MULTIFAMILY MANAGEMENT, INC.

Principal Place of Business

600 E. LAS COLINAS BLVD., #1800
IRVING TX 75039

Mailing Address

600 E. LAS COLINAS BLVD., #1800
IRVING TX 75039

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and Title (if applicable)

(If the registered agent's signature changes at the time of registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME CARPENTER, JOHN W III
STREET ADDRESS 800 E. LAS COLINAS BLVD., #1800
CITY-ST-ZIP IRVING TX 75039

TITLE PD
NAME MILLER, J F
STREET ADDRESS 800 E. LAS COLINAS BLVD., #1800
CITY-ST-ZIP IRVING TX 75039

TITLE VST
NAME SCHUBERT, FRANK B JR
STREET ADDRESS 800 E. LAS COLINAS BLVD., #1800
CITY-ST-ZIP IRVING TX 75039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK B. SCHUBERT JR

EXEC V.P.

2/26/96

(214) 338-3821

CR2E034 (12/95)