

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000003729 (9)

1. Corporation Name

INSTITUTIONAL REALTY MANAGEMENT, INC.

Principal Place of Business

16475 DALLAS PARKWAY, STE 510  
DALLAS TX 75248

Mailing Address

16475 DALLAS PARKWAY, STE 510  
DALLAS TX 75248



2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

30

Country

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

4. FEI Number

74-2586368

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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 607.1506, 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 (see instructions)

(Print Name of Registered Agent) Signature, typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> DELETE |
| NAME           | WEISZ, JOHN A              |                                 |
| STREET ADDRESS | 16475 DALLAS PKWY, STE 510 |                                 |
| CITY-STATE-ZIP | DALLAS TX                  |                                 |
| TITLE          | VD                         | <input type="checkbox"/> DELETE |
| NAME           | FURNARY, STEPHEN J         |                                 |
| STREET ADDRESS | 16475 DALLAS PKWY, STE 510 |                                 |
| CITY-STATE-ZIP | DALLAS TX                  |                                 |
| TITLE          | ST                         | <input type="checkbox"/> DELETE |
| NAME           | ZAPPULLA, PETER H          |                                 |
| STREET ADDRESS | 16475 DALLAS PKWY, STE 510 |                                 |
| CITY-STATE-ZIP | DALLAS TX                  |                                 |
| TITLE          | CD                         | <input type="checkbox"/> DELETE |
| NAME           | GROSSMAN, CHARLES          |                                 |
| STREET ADDRESS | 16475 DALLAS PKWY, STE 510 |                                 |
| CITY-STATE-ZIP | DALLAS TX                  |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | SULLIVAN JR, FRANK L       |                                 |
| STREET ADDRESS | 16475 DALLAS PKWY, STE 510 |                                 |
| CITY-STATE-ZIP | DALLAS TX                  |                                 |
| TITLE          | AS                         | <input type="checkbox"/> DELETE |
| NAME           | MORRISON, BRUCE G          |                                 |
| STREET ADDRESS | 16475 DALLAS PKWY STE 510  |                                 |
| CITY-STATE-ZIP | DALLAS TX                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-ZIP |                                                                   |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter H. Zappulla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

CR2E034 (12/95)