

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005431

1. Corporation Name

AMRESCO ADVISORS, INC.

Principal Place of Business

700 N. PEARL
STE 2400
DALLAS TX 75201
US

Mailing Address

700 N. PEARL
STE 2400
DALLAS TX 75201
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

75-2308334

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAIR III, ROBERT L	
STREET ADDRESS	700 N. PEARL, STE 2400	
CITY-ST-ZIP	DALLAS TX	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	EDWARDS, BARRY L	
STREET ADDRESS	700 N. PEARL, STE 2400	
CITY-ST-ZIP	DALLAS TX	
TITLE	GCS	<input type="checkbox"/> DELETE
NAME	BLACKWELL, L. K	
STREET ADDRESS	700 N. PEARL, STE 2400	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	URQUHART, DOUGLAS R	
STREET ADDRESS	700 N. PEARL, STE 2400	
CITY-ST-ZIP	DALLAS TX	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	KIRKLAND, RONALD B	
STREET ADDRESS	700 N. PEARL, STE 2400	
CITY-ST-ZIP	DALLAS TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDRUS, THOMAS J	
STREET ADDRESS	700 N. PEARL, STE 2400	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P C00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLACKWELL, L. KEITH	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

214-953-7725

Daytime Phone #

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90023 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)