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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name F9600000961 (0)

CAPITAL RETIREMENT GROUP, INC.

Principal Place of Business	Mailing Address				
14160 DALLAS PKWY #300 DALLAS TX 75240	14160 DALLAS PKWY #300 DALLAS TX 75240				

## **FILED** May 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Add	ross							
			60 DALLAS PKWY #300				1			
DALLAS TX 7	5240	DALLAS TX	75240				DO NOT WIDITE	IN THE O	34OF	
							DO NOT WRITE  3. Date Incorporated or Qualified	IN IMISSI	ACE	
							02/26/1996			
2. Principal P	lace of Business	2a. Mailing A	Address				4. FEI Number		1 1	polled Far
21		26	100,000				75-2602168			pplied For lot Applicable
Suite, Apt.	#. etc.	•	Suite, Apt. #, etc.				10 2002 100			Additional
22		27	, 515.				5. Certificate of Status Desired			Additional lequired
City & State	9	City & St.	ale				6. Election Campaign Financing			
23		28					Trust Fund Contribution			May Be to Fees
Zip	Country		Zip Country			· · · · · · · · · · · · · · · · · · ·	<del></del>			
24	25	29	30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
	9. Name and Address of Current		ent	7			10. Name and Address of New Re			
C 1	CORPORATION SYSTEM			8	1 1	Name				
	O SOUTH PINE ISLAND ROAD			<u> </u>	<u>.</u>	Otto at Autolia	(DO B. Al			
	INTATION FL 33324			*	2 5	Street Addre	ess (P.O. Box Number is Not Acceptab	16)		
_				8	3				•	
	•				ᆚ_					
				8	4 0	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. F	lorida Statutes	s. the abo	Ve-n	named corpo	oration submits this statement for the p	urnose of o	hanging	its registered
office or re	egistered agent, or both, in the State of	of Florida, Such d	hange was au	thorized t	by th	ie corporatio	on's board of directors. I hereby accep	t the appo	ntment as	registered
_	on l <b>a</b> minar wiin, and accept the obliga	nons or, section t	007.0005, F106	ioa Statuti	es.					
SIGNATURE	Signature typed or pointed name of registered agen	Land little if an dicable	INOTE	Registered A	ident s	signature require	d when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC		DIRECTÓ	RS IN 12
TITLE	DCCS		DELETE	1 1 TITLE					Change	Addition
NAME	STROUD, JAMES A			1.2 NAME	E	- 1			_ •	
STREET ADDRESS	14160 DALLAS PKWY #300			1.3 STREE	ET AD	DRESS				İ
CITY-ST-ZIP	DALLAS TX			1.4 CITY-						
TITLE	CEOD		DELETE	2.1 TITLE		···			Change	Addition
NAME	<b>BE</b> CK, JEFFREY L			2.2 NAME	E				_ •	_
STREET ADDRESS	14160 DALLAS PKWY #300			2.3 STREE	FT ADI	DRESS				
CITY-ST-ZIP	DALLAS TX 75240			2. 4 CITY						-
TITLE	P		DELETE	3.1 TITLE	•				Change	Addition
NAME	JOHANNESON, KEITH	_		3.2 NAME				1-		_
STREET ADDRESS	14160 DALLAS PKWY #300			3.3 STREE		nress				
CITY-ST-ZIP	DALLAS TX 75240			3.4. CHY						
TITLE	VP		DELETE	4.1 TITLE	• • • • • •	-			Change	Addition
NAME	BRICKMAN, DAVID R	_	-	4. 2 NAM		1		-		
STREET ADDRESS	14160 DALLAS PKWY #300			4.3 STREE		DRESS				
CITY-ST-ZIP	DALLAS TX			4.4 CiTY-						
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME		1-2-		5.2 NAME				-		
STREET ADDRESS				5.3 STREE		DRESS				l
CITY-ST-ZIP				1						
TITLE			DELETE	5.4 CITY - 6.1 TITLE		ır			Change	Addition
NAME		<b>L</b>		6.2 NAME				_	_ change	C MONION
1						DDECC				
STREET ADDRESS				6.3 STREE		l l				
CITY-ST-ZIP				6.4 CITY -	S1-Z	IP 1	440 031010 51 11 0			

supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in Suppliemental armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ton or the receiver of trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with any address. I hereby certify that the minimizer of Supportion of the corporation of Block 12 or Block 13 if changed or on