## 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 # F9600002714

1. Corporation Name
TWENTY FIRST PROPERTIES, INC.

## FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90166 040 \*\*\*150.00



Principal Place	of Business	Mailing Address	ss			
2121 S COLUMBIA 2121 S COLUMBIA						
SUITE 650		SUITE 650				DO NOT WRITE IN THIS SPACE
TULSA OK 7411	4		TULSA OK 74114			
US		US	US			3. Date Incorporated or Qualifed
						05/29/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				73-1309161 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
22		27				Tee required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip			_	Country		8. This corporation owes the current year Intangible
24	25	293	0			Personal Property Tax.
	9. Name and Address of Current	Registered Agent		81	Manage	10. Name and Address of New Registered Agent
CT	CODDODATION SYSTEM		ľ	81	Name	ne ·
C T CORPORATION SYSTEM				82	Street	et Address (P.O. Box Number is Not Acceptable)
	SOUTH PINE ISLAND ROAD			$\perp$		
PLAN	NTATION FL 33324			83		
			H	84	City	85 Zip Code
				"	Oily	FL
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove-	named	ed corporation submits this statement for the purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was aut ions of, Section 607.0505, Floric	norized la Statu	by ti	he corp	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	Alotte B	ogiotorod (	Amont	numatura.	ure required when reinstating) DATE
12.	OFFICERS AND		13.	- you	Signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	□ DELETE	1.1 171			☐ Change ☐ Addition
1	WILSON, PAUL D		1.2 NA			
NAME 1			1.3 STREE		4000c00	
STREET ADDRESS	2121 S COLUMBIA, #650					iss
CITY-ST-ZIP	TULSA OK 74114		1.4 CITY-5		-ZIP	Change Addition
TITLE	VSD	☐ DELETE	2.1 TITLE			Citatile Changet
NAME	SCHUSTERMAN, GLORIA		2.2 NAME			
STREET ADDRESS	2121 S COLUMBIA, #650		2.3 STREE		ADDRESS	SS
CITY-ST-ZIP	TULSA OK 74114		2, 4 CITY-		-ZIP	
TITLE	D	☐ DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME	SCHUSTERMAN, DALE		3.2 NAME			•
STREET ADDRESS	2121 S COLUMBIA, #650		33 STREE		ADDRESS	ss
CITY-ST-ZIP	TULSA OK 74114		3.4. CITY-		-ZIP	
TITLE	0	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	WILSON, CAROL S	_	4. 2 NAME			
	2121 S COLUMBIA, #650		4,3 STREE		ADDDECC	200
STREET ADDRESS						
CITY-ST-ZIP	TULSA OK 74114	D DELETE	4.4 CITY-ST		· ZIP	☐ Change ☐ Addition
TITLE	S ALDED DATE	∐ DELETE	5.1 TITLE 5.2 NAME			
NAME	ALRED, PATTI		5		ADDDCA*	
STREET ADDRESS	2121 S COLUMBIA, #650				address	:35
CITY-ST-ZIP	TULSA OK 74114		5.4 CIT		-ZIP	
TITLE	S	DELETE	6,1 TM			Change Addition
NAME	THOMPSON, TERESA		6.2 NA	ME		·
STREET ADDRESS	2121 S COLUMBIA, #650		6.3 ST	REET	ADDRESS	ess
CITY-ST-ZIP	TULSA OK 74114		6.4 CIT	Y-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 supplyemental 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

78/99 (9/8) 743-430C

CR2E034 (11/98