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 # F9700002639 (9)

FILED Mar 25 1998 8:00am Secretary of State

CRE MANAGEMENT VII CORP.								ĺ	4 1901100 1110 18111 18011 00114 88111 1	Maiir Barit Sa:	1 11818 BIISI	1 3118 4 10 41 1 00 1
Principal Place of Business Mailing Address									A LABANDA ALIA KASUL LABAH BANIS BAKUL	MANTERIOR MANTE		THE FREE LEWI
777 MAIN STREET SUITE 2100 777 MAIN STREET SUITE 2						:100			•			
FORT WORTH TX 76102 FORT WORTH TX 76102									DO NOT WRI	TE IN THIS !	SPACE	
									3. Date Incorporated or Qualified		517101.	
									05/19/1997			
2. Principal F	Place of Busin	,	2a	, Mailing Address	1		-		4. FEI Number			Applied For
		above	26	Same as	10	DYR	<u></u>		<u> 75-"&7675a</u>	7		Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		+	5 Additional Required
City & State				City & State					6. Election Campaign Financing			
23				28					Trust Fund Contribution			0 May Be d to Fees
Zip		Country	1==1	Zip	Co	ountry			8. This corporation owes or has p	aid the cur		
24		25	29		30				Personal Property Tax due Jur		Yes	□ No
		and Address of Current	Regis	itered Agent	1			10. Name and Address of New F	tegistered	Agent		
		N SERVICE COMPANY				81	Name					1
1201 HAYS STREET						82 Street Addre			s (P.O. Box Number is Not Accept	able)		
TALLAHASSEE FL 32301-2525						83						
						84	City			FI	85 Zi	p Code
11. Pursuant	to the provisi	ons of Sections 607.0502	and 6	07.1508, Florida Statute	es, the a	above	-named	corpora	ation submits this statement for the		changing	its registered
office or i agent. I a	registered age am familiar wit	ent, or both, in the State o th, and accept the obligati	f Flori ons o	da. Such change was a f. Section 607.0505. Flo	authoriza orida Sta	ed by atutes	the car	poration	's board of directors. I hereby acc	ept the app	ointment	as registered
SIGNATURE		, , , , , , , , , , , , , , , , , , ,		.,								
	Signature, typed o	or printed name of registered agent			_		ni signature	e required v	when reinstating)	DATE		
12.	С	OFFICERS AND	DIREC	DELETE DELETE	13.	TITLE		۵	ADDITIONS/CHANGES TO OFF	ICERS AND	Chang	
NAME	GOFF, J	OHN C		☐ otten		NAME			•		O Coloring	C D Addition
STREET ADDRESS		N STREET SUITE 2100				_	ADDRESS	Sam				
CITY-ST-ZIP		ORTH TX 76102				DITY-S		SAN				
TITLE	PCEO			DELETE		TITLE					Chang	e Addition
NAME	HADDOC	K, Gerald W			2.21	NAME						ĺ
STREET ADDRESS		N STREET SUITE 2100			233	STREET	address					
CITY-ST-ZIP	FORT W	ORTH TX 76102			2. 4	CITY-S	T-ZIP					
TITLE	D			☐ DELETE	3.1	IITLE					Change	e 🔲 Addition
NAME	GAUT, C C					3.2 NAME						
STREET ADDRESS						3.3 STREET ADDRESS						}
CITY-ST-ZIP		TX 75202		DECESE	_	CITY-S	T - ZIP				- Chare	, Jacobson
TITLE	VS DEAN D	ALAID. AA		☐ DELETE		ITLE					L Change	Addition
NAME	DEAN, D	AVID M N STREET SUITE 2100				NAME	*0000000					
STREET ADDRESS		N 31REET 3011E 2100 ORTH TX 76102					ADDRESS					
CITY-ST-Z#P TITLE	V	OHIII IN TOTOL		DELETE		CITY-ST TITLE	I-ZIP				Change	Addition
NAME	EIDSON.	JAMES M JR				IAME						
STREET ADDRESS		N STREET SUITE 2100					ADDRESS					
CITY-ST-ZIP		ORTH TX 76102				CITY-SI						
TITLE	D	······································		☐ DELETÉ	6.17			YCF	' 0		Change	Addition
NAME		DALLAS E			6.21	NAME		Sam				ľ
STREET ADDRESS		STREET SUITE 2100			6.3 5	TREET.	ADDRESS	Sall				
CITY-ST-ZIP		ORTH TX 76102				<u> </u>		SAN				
14. I hereby o	certify that the	information supplied with	this f	iling does not qualify fo	r the ex	empt	ion state	ed in Sec	ction 119.07(3)(i), Florida Statutes.	I further ce	rtify that 1	he information

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 eath; 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 attaching it with an address.

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2/19/98 811-518-04