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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700004600

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90008 020 ***158.75

	NC.						
Principal Place of Business	Mailing Address			- I IBBIIQU IIIB IUIII IUUII ODIIF U		19 11) e p ere e ntr	8 0 811 8811 8831
300 BURNETT ST. 300 BURNETT ST.							
FORT WORTH TX 76102 FORT WORTH TX 76102					•		
			DO NOT WRITE IN THIS SPACE				
·				 Date Incorporated or Qualified 09/02/1997 	1		
				4. FEI Number		A =	-li-d For
2. Principal Place of Business	2a. Mailing Address			1 "		<u> </u>	plied For
21 26 Suite Act # ata			75-2595937		\$8.75	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	X	Fee Re		
2 27 City & State			- F			·	
	City & State City & State			6. Election Campaign Financing Trust Fund Contribution	□ ·	Added	May Be
23	28	Country					
Zip Country	⊢ `		,	This corporation owes the cur Personal Property Tax.	Tent year in	Yes	□No
24 25	<u> </u>	30		10. Name and Address of New	Registered		
9. Name and Address of Current	Negisterau Agent	81	Name	IV. Hallie die Addiess of Item			
C T CORPORATION SYSTEM	Court Tract Court Tract Start						
1200 SOUTH PINE ISLAND ROAD	M.	82	Street Add	ress (P.O. Box Number is Not Accept	table)		ł
PLANTATION FL 33324	•	83		・ 1 年 1 日 2 日 3 日 3 日 3 日 3 日 3 日 3 日 3 日 3 日 3	1 1 4 47 1 111	2313 \$1319 \$440	190 780 180
		**			in fall da		
		84	City		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 office of registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE	and 607, 1508, Florida Statute of Florida: Such change was at ons of, Section 607,0505, Flor	es, the above uthorized by rida Statutes	the corporati	on's board of directors. I hereby acce	ept the appoi	intment as re	gistered
Classic and an exist of some of continuous and	and title if emplicable /NOTE:	Penietared Aper	nt signature require	nd when reinstation	DATE		i
Signature, typed or printed name of registered agent			nt signature require	d when reinstating)	DATE FICERS AN	ND DIRECTO	ORS IN 12
12. OFFICERS AND	DIRECTORS	13.	nt signature require	ADDITIONS/CHANGES TO OF		ND DIRECTO	DRS IN 12
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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 any attachment with an address, with all other like empowered.