

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90173 001 ***150.00

064236

DOCUMENT # **F97000005992**

1. Corporation Name

APS SERVICES ACQUISITION CORP.



Principal Place of Business

**3232 MCKINNEY AVE., STE. 900
DALLAS TX 75204**

Mailing Address

**3232 MCKINNEY AVE., STE. 900
DALLAS TX 75204**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

41-1888424

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

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST., STE. 300
N. MIAMI BEACH FL 33162**

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	DCEO	<input type="checkbox"/> DELETE
NAME	BOWMAN, ED H JR.	
STREET ADDRESS	3232 MCKINNEY AVE., STE. 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOWENSTEIN, DAVID	
STREET ADDRESS	3232 MCKINNEY AVE., STE. 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALKER, THOMAS C	
STREET ADDRESS	3232 MCKINNEY AVE., STE. 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEBENBERG, MARGOT T	
STREET ADDRESS	3232 MCKINNEY AVE., STE. 900	
CITY-ST-ZIP	DALLAS TX 75204	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZOELLER, DAVID	
STREET ADDRESS	3333 W DIVISION ST., STE 216	
CITY-ST-ZIP	ST CLOUD MN 56301	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CRUZ, JACQUELINE	
STREET ADDRESS	3232 MCKINNEY AVE., STE. 900	
CITY-ST-ZIP	DALLAS TX 75204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input 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:

DAVID LOWENSTEIN

FEB 5 1999

214-957-7555

CR2E034 (11/98)