

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

0543963

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
99 JUN -9 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F97000006927**

1. Corporation Name  
**AOR SYNTHETIC REAL ESTATE, INC.**

Principal Place of Business: **16825 NORTHCHASE DRIVE, SUITE 1300 HOUSTON TX 77060**  
Mailing Address: **16825 NORTHCHASE DRIVE, SUITE 1300 HOUSTON TX 77060**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified: **12/30/1997**

4. FEI Number: **76-0556439** 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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City

10. Name and Address of New Registered Agent

85 Zip Code: **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, R. D.	12 NAME	
STREET ADDRESS	16825 NORTHCHASE DRIVE, STE. 1300	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77060	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERSON, LLOYD K MD	22 NAME	
STREET ADDRESS	16825 NORTHCHASE DRIVE, STE. 1300	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77060	24 CITY-ST-ZIP	
TITLE	VS DT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POUNDS, L. F.	32 NAME	
STREET ADDRESS	16825 NORTHCHASE DRIVE, STE. 1300	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77060	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNOW, DAVID	42 NAME	
STREET ADDRESS	16825 NORTHCHASE DRIVE, STE. 1300	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77060	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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:** \_\_\_\_\_ **L. Fred Pounds** 06/08/99 (281)775-0185

CR2E034 (11/98)

*Handwritten signature and date: LFP 6/19/99*