

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90055 038 \*\*\*150.00

US038102

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000001121

1. Corporation Name  
**LBVKS MANAGEMENT COMPANY, INC.**

Principal Place of Business  
**512 MAIN STREET 14TH FL  
 FORT WORTH TX 76102**

Mailing Address  
**512 MAIN STREET 14TH FL  
 FORT WORTH TX 76102**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/26/1998**

4. FEI Number  
**APPLIED FOR 74-2870270**

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

2. Principal Place of Business		2a. Mailing Address	
21 <b>512 Main Street</b>	26 <b>512 Main Street</b>		
Suite, Apt. #, etc. 22 <b>13th Floor</b>		Suite, Apt. #, etc. 27 <b>13th Floor</b>	
City & State 23 <b>Fort Worth, TX</b>		City & State 28 <b>Fort Worth, TX</b>	
Zip 24 <b>76102</b>	Country 25 <b>USA</b>	Zip 29 <b>76102</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD REITZ, PAUL A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 MAIN ST., 14TH FL	1.2 NAME	
STREET ADDRESS	FORT WORTH TX	1.3 STREET ADDRESS	<b>512 Main Street, 13th Floor</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD YOUNG, DAVID E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 MAIN ST., 14TH FL	2.2 NAME	
STREET ADDRESS	FORT WORTH TX	2.3 STREET ADDRESS	<b>512 Main Street, 13th Floor</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SZAFRANSKI, MARK S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 MAIN ST., 14TH FL	3.2 NAME	
STREET ADDRESS	FORT WORTH TX	3.3 STREET ADDRESS	<b>512 Main Street, 13th Floor</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BRECKENRIDGE, JIM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 MAIN ST., 14TH FL	4.2 NAME	
STREET ADDRESS	FORT WORTH TX	4.3 STREET ADDRESS	<b>512 Main Street, 13th Floor</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 E. Young **DAVID E. YOUNG** 4/27/99 817 332-6400  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)