PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # F9800001252

1. Corporation Name

APMSGP, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90006 019 ***150.00



| D: / LD | | Mailing Address | | | | - LAMBITOR FILM COLURY TORRIC DOCUM | 8611 68 113 68 111 68 | | Di Brick till cadi |
|----------------------|--|---|-----------------|---------------|---|---|--|------------|--------------------|
| Principal Place | • | | SECOMA | V 01 | TE 1200 | | | | |
| DALLAS TX 752 | entral expressway, ste 1900 06-1838 | BOBO NORTH CENTRAL EXPRESSWAY, STE 1300 DALLAS TX 75206-1838 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | _ | |
| . | | | | | | 03/04/1998 | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | 75-2744230 | | | Not Applicable |
| Suite, Apt. I | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | | Additional | |
| 22 | | 27 | | | | 1 | | | Required |
| City & State | 9 - | City & State | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 23 | Country | 28 | Cou | intry | | This corporation owes the cut | rent vear Inta | | 10100 |
| Zip | [25] | | 30 | y | | Personal Property Tax. | | ☐ Yes | ₩No |
| 24 | 9. Name and Address of Current | | , o | Τ_ | | 10. Name and Address of New | Registered A | gent | |
| | - 110110 4110 1101000 01 | | | 81 | Name | _ | | | |
| | CORPORATION SYSTEM | 82 Street Ad | | | Stroot Add- | dress (P.O. Box Number is Not Acceptable) | | | |
| 1200 | SOUTH PINE ISLAND ROAD | | | 04 | Sueet Addre | see (F.O. DOX MUITIDEL IS NOT ACCEP | | | |
| PŁAN | ITATION FL 33324 | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zi | Code |
| | to the provisions of Sections 607.0502 | | | | • | | FL | | |
| | Signature, typed or printed name of registered agent | | | | t signature required | when reinstating) ADDITIONS/CHANGES TO 0 | DATE FEICERS ANI | DIRECT | ORS IN 12 |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO O | FFICERS ANI | | |
| TITLE | PCD | ☐ DELETE | 1.1 TI 1.2 N | | | | | | , (J) (J) |
| NAME | GIBSON, DENNIS D | POMAN OTE 4900 | | | ADDRESS | | | | |
| STREET ADDRESS | 8080 NORTH CENTRAL EXPRES DALLAS TX | 35WAT SIE 1300 | | ITY-ST | - 1 | | | | |
| CITY-ST-ZIP TITLE | VD CD | ☐ DELETE | 2.1 TI | | -61 | | | [] Chang | e Addition |
| NAME | MCCLURE, WADE L | | 2.2 N | | | | | | |
| STREET ADDRESS | 8080 NORTH CENTRAL EXPRES | SSWAY STE 1300 | 2.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS TX | | 1 | CITY-ST | 1 | | | | |
| TITLE | STD | ☐ DELETE | 3.1 TI | | | <u> </u> | | Chang | e 🗌 Addition |
| NAME. | WALLACE, JAY M | | 3.2 N | AME | | | | | |
| STREET ADDRESS | 8080 NORTH CENTRAL EXPRES | SSWAY STE 1300 | 3.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS TX | | _ | CTY-ST | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 T | | | | | Chang | e |
| NAME | | | | NAME | . | | | | |
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| TITLE | | □ DELETE | 5.1 T 5.2 N | | | | | ي عبرون | |
| NAME | | | | | ADORESS | | | | |
| STREET ADDRESS | | | | ITY-ST | 1 | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 T | | | | | ☐ Chang | e Additio |
| NAME | | | 6.2 N | IAME | | | | | |
| STREET ADDRESS | | | 6.3 S | TREET | ADDRESS | | | | |
| CITY-ST-7IP | | | 6.4 C | ITY-ST | r-zie | | | | |

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 charged on an attachment with an address, with all-other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR