

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90056 050 ***150.00

DOCUMENT # F98000001517

1. Corporation Name

MERCANTILE TEXAS REALTY SERVICES, INC.

Principal Place of Business

5757 ALPHA RD., STE 100
DALLAS TX 75240

Mailing Address

5757 ALPHA RD., STE 100
DALLAS TX 75240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

APPLIED FOR 75-2695492

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

2. Principal Place of Business

21 5220 SPRING VALLEY

Suite, Apt. #, etc.

22 STE. 400

City & State

23 DALLAS TX

Zip

24 75240 25 USA

2a. Mailing Address

26 5220 SPRING VALLEY

Suite, Apt. #, etc.

27 STE. 400

City & State

28 DALLAS TX

Zip

29 75240 30 USA

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

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 PD ☐ DELETE

NAME CHRISTENSEN, L W
STREET ADDRESS 5757 ALPHA ROAD, STE 100
CITY-ST-ZIP DALLAS TX

TITLE V ☐ DELETE

NAME JENKINS, EDDIE M
STREET ADDRESS 5757 ALPHA ROAD, STE 100
CITY-ST-ZIP DALLAS TX

TITLE ST ☐ DELETE

NAME NELSON, ROBERT
STREET ADDRESS 5757 ALPHA ROAD, STE 100
CITY-ST-ZIP DALLAS TX

TITLE D ☐ DELETE

NAME KENNEDY, KEITH W
STREET ADDRESS 5757 ALPHA ROAD, STE 100
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 5220 SPRING VALLEY., STE. 400
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5220 SPRING VALLEY, STE. 400
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 5220 SPRING VALLEY, STE. 400
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 5220 SPRING VALLEY, STE. 400
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

972-386-9958

Daytime Phone #

CR2E034 (11/98)