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

PROFIT CORPORATION ANNUAL REPORT

City & State

Zip 24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # F98000001575

SPT PROPERTIES COMPANY, INC.

Principal Place of Business	Mailing Address		
441 WEST AIRPORT FREEWAY AVING TX 75062	4441 WEST AIRPORT FREEWAY IRVING TX 75062		
2. Principal Place of Business	2a. Mailing Address		
1	26		
Suite, Apt, #, etc.	Suite, Apt. #, etc.		

City & State

Zip

28

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CORPORATION SERVICE COMPANY

9. Name and Address of Current Registered Agent

Country

CORPORATION SERVICE COM	IPANY
1201 HAYS STREET	
TALLAHASSEE FL 32301-2525	

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

05-04-1999 90128 028 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

	Trust Fund Contribution Added to Fees
ountry	8. This corporation owes the current year Intangible Personal Property Tax.
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City F1 85 Zip Code

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

03/19/1998

75-2739334

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.

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agent. ra	m rammar with, and accept the obligations of, o	50001 001.0000, 1 1011	da Otatalos.			ľ	
SIGNATURE	Signature, typed or printed name of registered agent and title if ag	olicable (NOTE:	Registered Agent signature	required when reinstating) DATE			
12,				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition	
NAME	MCKECHNIE, DON		1.2 NAME			l	
STREET ADDRESS	4441 WEST AIRPORT FREEWAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	IRVING TX		1.4 CITY-ST-ZIP				
TITLE	STD	DELETE	2.1 TITLE	3/1/0	Change	Addition	
NAME	HALL, SHERI L	- •	2.2 NAME	PAMELA E. BROWN		, 4	
STREET ADDRESS	4441 WEST AIRPORT FREEWAY		2.3 STREET ADDRESS	PAMELA E. BROWN 441 W. AIRPORT FREEWAY			
CITY-ST-ZIP	IRVING TX		2. 4 CITY-ST-ZIP	IRVING TEXAS 75062			
TITLE	V	DELETE	3.1 TITLE	VID	☐ Change	Addition	
NAME	ROLLWAGE, KARESSA		3.2 NAME	DEBORAH SHANNON YYYI W. AIRMAT FREEWAY		-	
STREET ADDRESS	4441 WEST AIRPORT FREEWAY		3.3 STREET ADDRESS	4441 W. AIRPORT FREEWAY		l	
CITY-ST-ZIP	IRVING TX		3.4. CITY-ST-ZIP	IKVING TEXAS 75062		. [
TITLE	V	DELETE	4.1 TITLE	VID	☐ Change	Addition	
NAME	MILLER, MONTE	- •	4, 2 NAME	DEBRA SHADE			
STREET ADDRESS			4.3 STREET ADDRESS	DEBRA SHADE FREEWAY			
CITY-ST-ZIP	IRVING TX		4.4 CITY-ST-ZIP	IRVING TEXAS 75062		ļ	
TITLE	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS	!		5.3 STREET ADDRESS			į	
CNY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME	to a law marks to be object to be 1889.		6.2 NAME				
STREET ADDRESS	A CALLEST A LEGAL ALTON		6.3 STREET ADDRESS				
CITY OT ZID	Barren Ja was Jama		6.4 CITY-ST-ZIP	}		ł	

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

SIGNATURE:

SISONITE RECOUNTS WECHAIE

126/99

972-258-5566

2E034 (11/98)