**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** F98000003329

1. Corporation Name

CAN LEAGED DEODEDTIES OF 1 INC

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90043 014 \*\*\*150.00

Principal Place of Business Mailing Address 6500 INTERNATIONAL PARKWAY PLANO TX 75093 PLANO TX 75093							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
2 Principal D	lace of Business		Mailing Address					06/12/1998 4. FEI Number 75- 2766	55U		Applied For	
21. Finicipal F	IdCa OLDAZIIIC22	26	Mailing Address					APPLIED FOR	フンチ		Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					1			Additional	
22		<b>= 27.</b>			===						Required	
City & Stat	e		City & State					6. Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees	
Zip	Country	28	Zip	C	ountry			8. This corporation owes the curren	t vear Inta		0 10 1 003	
24	25	29	<b>-</b> -	30				Personal Property Tax.		Yes	1 <b>⊠</b> No	
	9. Name and Address of Currer		tered Agent					10. Name and Address of New Reg	gistered A	gent		
					81	Name	1					
CORPORATION SERVICE COMPANY					82	Street	Addre:	dress (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET					L							
IALL	AHASSEE FL 32301-2525				83			•				
					84	City			FL	85 Zi	p Code	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of the state of the obligation of the state of the st	itions of	, Section 607.0505, I	OTE: Register	atutes ed Ager		required t	when reinstating)  ADDITIONS/CHANGES TO OFFICE  SET. SEC-	DATE		TORS IN 12	
TITLE	CALDWELL, EUGENE		C Decem	1	NAME			NA S. WYNNE				
NAME STREET ADDRESS	6500 INTERNATIONAL PARKW	ΔΥ				ADDRESS	65	00 INTERNATIONAL PAR	RKWAY			
CITY-ST-ZIP	PLANO TX 75093	Λ1			CITY-S			AND, Tr 75093	•			
TITLE	VST		☐ DELETE	_	TITLE					Chang	e	
NAME	WATSON, TODD M			2.2	NAME							
STREET ADDRESS	6500 INTERNATIONAL PARKW	ΑΥ		2.3	STREET	ADORESS	il.					
CITY-ST-ZIP	PLANO TX 75093				CITY-S	T-ZIP						
TITLE			☐ DELETE	- 1	TITLE					☐ Chang	e	
NAME					NAME							
STREET ADDRESS				- 8		'ADDRESS	<b>`</b>					
CITY-ST-ZIP			DELETE		CITY-S	(- <u>2</u> )F	1			Chang	e Addition	
NAME	•				NAME							
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP				4.4	CITY-S	[-ZIP	<u></u>					
TITLE			DELETE		TITLE					Chang	e 🛄 Addition	
NAME ,				P	NAME.							
STREET ADDRESS						ADDRESS	1				:	
CITY-ST-ZIP			DELETE		CITY-S	1-ZIP	+-			Chang	e Addition	
TITLE			F) Dereie		NAME							
NAME STREET ADDRESS	there is a large					ADDRESS						

6.4 CITY-\$T-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 of an attachment with an address, with all other like empowered.

SIGNATURE:

DIANA S. WYNNE ASSISTANT SECRETARY

4-15-99

972-588-5013