

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

0584435

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90110 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003979

1. Corporation Name
CHARLESTON SQUARE, INC.

Principal Place of Business 544 LBJ FREEWAY, LB2, SUITE 700 C/O INVESCO REALTY ADVISORS, INC. DALLAS TX 75240	Mailing Address 544 LBJ FREEWAY, LB2, SUITE 700 C/O INVESCO REALTY ADVISORS, INC. DALLAS TX 75240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5400 LBJ FREEWAY, STE. 700		2a. Mailing Address 26 5400 LBJ FREEWAY, STE. 700		3. Date Incorporated or Qualified 07/13/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number APPLIED FOR 75-2776384	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RIDLEY, DAVID A	1.2 NAME	
STREET ADDRESS	544 LBJ FREEWAY, LB2, SUITE 700	1.3 STREET ADDRESS	5400 LBJ FREEWAY, LB2, STE. 700
CITY-ST-ZIP	DALLAS TX 75240	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP FARMER, DAVID N	2.2 NAME	
STREET ADDRESS	544 LBJ FREEWAY, LB2, SUITE 700	2.3 STREET ADDRESS	5400 LBJ FREEWAY LB2, STE. 700
CITY-ST-ZIP	DALLAS TX 75240	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPS RAGSDALE, RONALD L	3.2 NAME	
STREET ADDRESS	544 LBJ FREEWAY, LB2, SUITE 700	3.3 STREET ADDRESS	5400 LBJ FREEWAY LB2, STE. 700
CITY-ST-ZIP	DALLAS TX 75240	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPAS SIMS, SHELLIE M	4.2 NAME	
STREET ADDRESS	544 LBJ FREEWAY, LB2, SUITE 700	4.3 STREET ADDRESS	5400 LBJ FREEWAY LB2, STE. 700
CITY-ST-ZIP	DALLAS TX 75240	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPAS KIRBY, MICHAEL	5.2 NAME	
STREET ADDRESS	544 LBJ FREEWAY, LB2, SUITE 700	5.3 STREET ADDRESS	5400 LBJ FREEWAY LB2, STE. 700
CITY-ST-ZIP	DALLAS TX 75240	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPAS BOIKO, TERRELL	6.2 NAME	TAS DOROTHY JENKINS
STREET ADDRESS	544 LBJ FREEWAY, LB2, SUITE 700	6.3 STREET ADDRESS	5400 LBJ FREEWAY LB2, STE. 700
CITY-ST-ZIP	DALLAS TX 75240	6.4 CITY-ST-ZIP	DALLAS, TX 75240

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 REQUIRED

3/8/99

(972) 715-7400

Date

Daytime Phone #

CR2E034 (1/198)