


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90058 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000004167**

1. Corporation Name

**HALL APARTMENT ADVISORS, INC.**

Principal Place of Business <b>750 N. ST PAUL, STE 200 DALLAS TX 75201</b>	Mailing Address <b>750 N. ST PAUL, STE 200 DALLAS TX 75201</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2595 Dallas Parkway</b>	2a. Mailing Address <b>26 2595 Dallas Parkway</b>
Suite, Apt. #, etc. <b>22 300</b>	Suite, Apt. #, etc. <b>27 300</b>
City & State <b>23 Frisco, Texas</b>	City & State <b>28 Frisco, TX</b>
Zip <b>24 75034</b>	Country <b>25 USA</b>
Zip <b>29 75034</b>	Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>07/21/1998</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>APPLIED FOR 75-2627024</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DEPKER, MARK</b>		1.2 NAME	
STREET ADDRESS <b>750 N. ST PAUL, STE 200</b>		1.3 STREET ADDRESS <b>2595 Dallas Parkway, Suite 300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>		1.4 CITY-ST-ZIP <b>Frisco, Texas 75034</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CARLSON, JANET K</b>		2.2 NAME	
STREET ADDRESS <b>750 N. ST PAUL, STE 200</b>		2.3 STREET ADDRESS <b>2595 Dallas Parkway, Suite 300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>		2.4 CITY-ST-ZIP <b>Frisco, Texas 75034</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HALL, CRAIG</b>		3.2 NAME	
STREET ADDRESS <b>750 N. ST PAUL, STE 200</b>		3.3 STREET ADDRESS <b>2595 Dallas Parkway, Suite 300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>		3.4 CITY-ST-ZIP <b>Frisco, Texas 75034</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRAUN, DONALD L</b>		4.2 NAME	
STREET ADDRESS <b>750 N. ST PAUL, STE 200</b>		4.3 STREET ADDRESS <b>2595 Dallas Parkway, Suite 300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>		4.4 CITY-ST-ZIP <b>Frisco, Texas 75034</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEVEY, LARRY E</b>		5.2 NAME	
STREET ADDRESS <b>750 N. ST PAUL, STE 200</b>		5.3 STREET ADDRESS <b>2595 Dallas Parkway, Suite 300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>		5.4 CITY-ST-ZIP <b>Frisco, Texas 75034</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRIS, MASTEN L</b>		6.2 NAME	
STREET ADDRESS <b>750 N. ST PAUL, STE 200</b>		6.3 STREET ADDRESS <b>2595 Dallas Parkway, Suite 300</b>	
CITY-ST-ZIP <b>DALLAS TX</b>		6.4 CITY-ST-ZIP <b>Frisco, Texas 75034</b>	

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:  **Janet K. Carlson, Secretary 1/6/99 972/377-1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0542301

CR2E034 (11/98)