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

DOCUMENT # F9800005187

ANKEM OF TEXAS, INC.

Principal Place of Business
2514 CARTWRIGHT
DALLAS TX 75212

Mailing Address

2514 CARTWRIGHT DALLAS TX 75212

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90032 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				09/16/1998		
2. Principal P	lace of Business	2a. Mailing Address	1 1. 8	4. FEI Number	Applied For	
21 25/	14 Cartwright		hart Dr.	75-1315424	Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	las TX	City & State Carrollton	, TX	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 76	Country	Zip 200 / F	Country	8. This corporation owes the current year		
24 / 10	212 25 USA		0 USH_	Personal Property Tax. 10. Name and Address of New Registe		
	9. Name and Address of Current	t Registered Agent	81 Name	IV. Name and Address of New Registe	100 Agent	
CT	CORPORATION SYSTEM		or wante			
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
FLAI	41A11014 FL 33324		83			
			84 City		85 Zip Code	
office or r agent. I a	to the provisions of Sections 607,0502 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auti	norized by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) DAT	E	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	***	☐ Change ☐ Add	
NAME	ANDERSON, CATHERINE		1.2 NAME	•		
STREET ADDRESS	ACA 045000000		1.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75212		1,4 CITY-ST-ZIP			
TITLE	VST	☐ DELETE	2.1 TITLE		☐ Change ☐ Add	
NAME	ANDERSON, RON JR		2.2 NAME			
STREET ADDRESS	AT44 04071101017		2.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75212		2.4 CITY-ST-ZIP			
TITLE	D	☐ DÉLETE	3.1 TITLE	,	Change Add	
NAME	ANDERSON, CATHERINE		3.2 NAME			
STREET ADDRESS	ACAL CARTURIOUT		3.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75212		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Add	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Add	
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-20P			

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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR