


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

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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90007 029 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005410

1. Corporation Name
BRISTOL HOTEL TENANT COMPANY

Principal Place of Business 14295 MIDWAY ROAD DALLAS TX 75244	Mailing Address 14295 MIDWAY ROAD DALLAS TX 75244
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2760430	Applied For Not Applicable
22	City & State ADDISON, TX	27	City & State ADDISON, TX	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip 75001	28	Zip 75001	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country US	29	Country US	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 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
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERT, JOHN A	1.2 NAME	
STREET ADDRESS	14295 MIDWAY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	1.4 CITY-ST-ZIP	ADDISON, TX 75001
TITLE	CFOV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, JEFFREY B	2.2 NAME	
STREET ADDRESS	14295 MIDWAY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	2.4 CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, EDWARD J	3.2 NAME	
STREET ADDRESS	14295 MIDWAY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	3.4 CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIER, LYNN MARIE	4.2 NAME	
STREET ADDRESS	14295 MIDWAY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	4.4 CITY-ST-ZIP	ADDISON, TX 75001
TITLE	VCAO <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, JOHN	5.2 NAME	
STREET ADDRESS	14295 MIDWAY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	5.4 CITY-ST-ZIP	ADDISON, TX 75001
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSO, LINDA	6.2 NAME	
STREET ADDRESS	14295 MIDWAY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	6.4 CITY-ST-ZIP	ADDISON, TX 75001

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 RESHIDE Bailey, V.P.

3/22/99

972-391-3910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (1/98)