

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G78180** (8)

1. Corporation Name
ERROL ESTATES MANAGEMENT, INC.



Principal Place of Business: **3030 LBJ FRWY 700 P.O. BOX 819087 DALLAS TX 75381**
Mailing Address: **3030 LBJ FRWY 700 P.O. BOX 819087 DALLAS TX 75381**

3. Date Incorporated or Qualified: **01/11/1984**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **75-1926033**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and date of appointment. (If the registered agent's signature is required when the change is filed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, TERRY A	1.2 NAME
STREET ADDRESS	3030 LBJ FRWY STE J700	1.3 STREET ADDRESS
CITY - ST - ZIP	DALLAS TX	1.4 CITY - ST - ZIP
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT	2.2 NAME
STREET ADDRESS	3030 LBJ FRWY 700	2.3 STREET ADDRESS
CITY - ST - ZIP	DALLAS TX	2.4 CITY - ST - ZIP
TITLE	AT <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBIE, R. H.	3.2 NAME
STREET ADDRESS	3030 LBJ FRWY 700	3.3 STREET ADDRESS
CITY - ST - ZIP	DALLAS TX	3.4 CITY - ST - ZIP
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, R MICHAEL	4.2 NAME
STREET ADDRESS	3030 LBJ FRWY STE 700	4.3 STREET ADDRESS
CITY - ST - ZIP	DALLAS TX	4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

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*****200.00**
VP Jeffrey Jahnke
3030 LBJ Frwy Ste 700
Dallas, TX 75234
5.1.96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Jeffrey Jahnke* **Jeff Jahnke** 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)