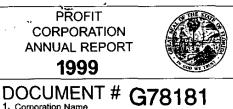
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT 1999

1. Corporation Name

SIGNATI



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90153 002 \*\*\*150.00

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ERROL LAND DEVELOPMENT COMPANY	

		P.O. BOX 819087	P.O. BOX 819087						
		DALLAS TX 75381	* == -			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qu	ualifed			
					01/11/1984				
Principal Place of Business     2a. Mailing Address		2a. Mailing Address			4. FEI Number		Ap	Applied For	
21	, ·				75-1962360			t Applicable	
		Suite, Apt. #, etc.	lc.		5 Cortifeate of Status Des	5. Certificate of Status Desired  \$8.75 Ad			
22	27				5. Certificate of Status Desired Fee Rec		quired		
City & State	9	City & State			6. Election Campaign Fina	incing	\$5.00	May Be	
23		28			Trust Fund Contribution	<u> </u>	Added t	o Fees	
Zip	Country	Zip	Country		8. This corporation owes t	he current year l	n <b>t</b> an <b>g</b> ible		
24	25	29	30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of	New Registere	d Agent		
			81	Name					
CORI	PORATION SERVICE COMPANY	1	82 St		Idress (P.O. Box Number is Not A	Accentable)			
1201	HAYS STREET		02	Stieet Ad	Idless (F.O. DOX (Vollide) is NOC 2	чесеривою,			
TALL	AHASSEE FL 32301-2525		83						
			<u> </u>				- 12-1 -		
			84	City		F	85 Zip (	Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by	the corpora	ation's board of directors. I hereb	y accept the app	ointment as re	gistered	
SIGNATURE					<del> </del>	DATE			
	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: F	tegistered Ager		ired when reinstating)	DATE			
			13	nt signature requ		TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	OFFICERS A	ND DIRECTORS	13.	nt signature requ	ADDITIONS/CHANGES	TO OFFICERS A			
12.	OFFICERS AI		1,1 TITLE	t signature requ		TO OFFICERS A	ND DIRECTO	DRS IN 12	
12. TITLE NAME	P MASER, JAMES	ND DIRECTORS	1.1 TITLE 1.2 NAME			TO OFFICERS A			
12. TITLE NAME STREET ADDRESS	P MASER, JAMES 3030 LBJ FRWY #700	ND DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS		TO OFFICERS A			
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