

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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H45663 (2)** 710  
 1. Corporation Name 7047  
**LS-16 CORPORATION** **JAN 20 1998**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O FDIC 1201 W. PEACHTREE ST., NE, STE. 1800 ATLANTA GA 30309 US	Mailing Address C/O FDIC 1201 W. PEACHTREE ST., NE, STE. 1800 ATLANTA GA 30309 US
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3. Date Incorporated or Qualified  
**03/06/1985**

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

4. FEI Number  
**59-2627871**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	RAY, PATRICIA J
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	DVPA <input checked="" type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P
STREET ADDRESS	1201 W. PEACHTREE ST., NE, STE. 1800
CITY-ST-ZIP	ATLANTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAMMETT, JAMES
1.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
1.4 CITY-ST-ZIP	DALLAS, TX 75201
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BELL, DANIEL M.
2.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
2.4 CITY-ST-ZIP	DALLAS, TX 75201
3.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHUG, JOHN
3.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
3.4 CITY-ST-ZIP	DALLAS, TX 75201
4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KELLEY, SHARON
4.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
4.4 CITY-ST-ZIP	DALLAS, TX 75201
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	APPLEBY, NANCY
5.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
5.4 CITY-ST-ZIP	DALLAS, TX 75201
6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VORDTRIEDE, JOHN
6.3 STREET ADDRESS	1910 PACIFIC AVENUE, 16th FLOOR
6.4 CITY-ST-ZIP	DALLAS, TX 75201

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 that of the 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.

SIGNATURE: *[Handwritten Signature]* 1/12/98 (1097)

CR2E034 (1097)

**OFFICERS AND DIRECTORS (ADDITIONS)**

**CORPORATION NAME:** LS-16 CORPORATION

<b>TITLE:</b>	ST
<b>NAME:</b>	FISHER, JOHN H.
<b>STREET ADDRESS:</b>	1910 PACIFIC AVENUE, 16 <sup>TH</sup> FLOOR
<b>CITY, ST, ZIP:</b>	DALLAS, TX 75201