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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCU 1. Corporatio	on Name	# H8191 EALTY, INC.	13	(6)	)				T SADERON AND TREAT (MAIN AND E)		\$1\$11 \$4 <b>1</b> 4 \$	1815 B1815 B1816 2881
Principal Place 200 CONCO 303 SAN ANTOI US	303	O CONCORD PLAZA DRIVE 3 IN ANTONIO TX 78216				3. Date Incorporated or Qualified		ate of Last	Report			
Principal Place of Business     200 Concord Plaza Drive				2a. Mailing Address					4. FEI Number	1	W/07/1	Applied For
21 200 Concord Plaza Drive Suite, Apt. #, etc.				26 200 Concord Plaza Drive Suite, Apt. #, etc.				ve	59-2591795			Not Applicable  5 Additional
22 Suite 303				27 Suite 303					5. Certificate of Status Desired			B Additional Required
City & State  San Antonio, TX			1	City & State  28 San Antonio, TX					6. Election Campaign Financing		\$5.0	<b>00</b> May Be
23 San	· Inteon	Country	28	Zip	10,	Countr	 V		Trust Fund Contribution  8. This corporation has liability for	intensible		led to Fees
24 782		25 USA	29	78216	30		•			intangibie s ∏No	tax under s	s 199.032,
	9. Name	and Address of Curren	t Regis	tered Agent				- · · ·	10. Name and Address of New	Registere	d Agent	
07.00						81	Nar	ne				
CT CO			82 Street Addres			ess (P.O. Box Number is Not Accepta	ole)					
1200 SOUTH PINE ISLAND DRIVE PLANTATION FL 33324							<del> </del>					
, , , , , , , , , , , , , , , , , , , ,						84				· · · · · · · · · · · · · · · · · · ·		
						-	1 ,			F		Zip Code
11. Pursuant or register familiar wi	to the provision red agent, or ith, and accep	ons of Sections 607.0502 both, in the State of Florid of the obligations of, Secti	and 601 da. Such ion 607.0	7.1508, Florida Stat i change was autho 0505, Florida Statut	tutes, the rized by tes.	above- the corp	namec ooratio	l corpora n's board	ation submits this statement for the put of directors. I hereby accept the app	rpose of c pointment a	hanging its as registere	registered office ad agent. I am
SIGNATURE .	Signature, typed i	or printed name of registered agent	and fit e it a	princeble	NOTE BUS	ichana I Aras	ot ei s.ot.	an e dida di		112327		
12.	ang ki kiro. Ijpos	OFFICERS AND			(NC)T PAG	13.	nr sejman	re required t	ADDITIONS/CHANGES TO OFF	DATE FICERS AN	ND DIRECT	ORS IN 12
TALE	VD			<b>₹</b> ] DELETE		1. 1 TITLE					☐ Change	
NAME		R, ARNOLD D.				1.2 NAME						
STREET ADDRESS CITY-ST-ZIP	9000 B	AY HILL BLVD				1.3 <b>S</b> TREE		SS				
TITLE	PD	DO FL.		DELETE	_	1.4 CITY - 3 2 1 TITLE	ST-ZIP	P/S	s7n		Change	☐ Addition
NAME	1	JAMES H., JR.		<b>—</b>		2 2 NAME		- , -	., <u>.</u>		Orenige	☐ Youthon
STREET ADDRESS		INCORD PLAZA DRIVI	e, suit	E 620		23 STREET	ADDRES	s 200	O Concord Plaza Driv	ze, Su	iite 3	03
CITY-ST-ZIP		NTONIO TX				2.4 CITY - 9	ST-ZP		Antonio, TX 78216			
TITEF NAME	AST	IN, DENNIS A.		DELETE		3 1 TiTLE					☐ Change	Addition
STREET ADDRESS		INCORD PLAZA DRIVI	F SUIT	F 620	1	3.2 NAME 3.3 STREE	1 ለውንድር	ec				
CITY-ST-ZIP		NTONIO TX	_, 0011	L 020	1	3.4 CHY-9		33	•			
TITLE	S			X DELETE		4. 1 3 ITLE					☐ Change	Add:tion
NAME	I -	TON, ALASTAIR J.				4.2 NAME						
STREET ADDRESS		RIEVIEW PLAZA #130 AND OU	D			4.3 STREET		is				
DITY-SI-ZIP TITLE	OLEVEL	AND OH		DELETE		4.4 CITY - S 5.1 TITLE	ST - ZIP	V/T	י/ח		Change	X Addition
NAME				<u></u>		5 2 NAME			ore, Eric B.			MI Mosition
STREET ADDRESS						53 STREET	ADDRES		Concord Plaza Driv	re. Su	ite 30	03
CITY-ST-ZIF						5 4 C:TY - S	1 - <b>2</b> 1F		Antonio, TX 78216			
TITLE NAME				☐ DELETE		E 1 TITLE					☐ Change	Addition
STREET ADDRESS	[					6 2 NAME e a endeur	ADDOCO					
CHTY-ST-ZIP						6.3 STREET 6.4 CITY - S		2				
14. I do hereb	y certify that t	the information supplied w	ith this f	filing is voluntarily fu	rnished:	and doe	e not r	ualify for	the exemption stated in Section 119	.07(3)(k), Fi	lorida Statu	ites. I further
certify that	. the imprimati	on indicated on this annu-	a: report	or supplemental ar	noual rec	on is tri	ie and	accurate	o and that my signature shall have the report as required by Chapter 607, FI	samo long	al affact as i	if made under
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED	NAME OF SIGNING OFFI	CER OR DI	IRECTOR	Pı	cesid	ent 02/16/96		10-822 Daytme Fhone	2-8600

CR2E034 (12/95)