


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90024 033 \*\*\*150.00

0193708

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # L11552**

1. Corporation Name  
**CARNICON HOLDINGS CORP.**

Principal Place of Business

3250 MARY ST.  
500  
MIAMI FL 33133  
US

Mailing Address

3250 MARY ST., STE 500  
3250 MARY STREET  
MIAMI FL 33133-5232  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1989

4. FEI Number

65-0158388

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 the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1950 Stemmons Freeway

Suite, Apt. #, etc.  
22 Suite 6001

City & State  
23 Dallas, Texas

Zip 75207 Country

24

2a. Mailing Address

26 1950 Stemmons Freeway

Suite, Apt. #, etc.  
27 Suite 6001

City & State  
28 Dallas, Texas

Zip 75207 Country

29 30

9. Name and Address of Current Registered Agent

PELTZ, ARVIN  
3250 MARY ST., STE 500  
MIAMI FL 33133-4997

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☒ DELETE

NAME WEISER, SHERWOOD M.  
STREET ADDRESS 3250 MARY ST., STE 500  
CITY-ST-ZIP MIAMI FL

TITLE DVC ☒ DELETE

NAME LEFTON, DONALD E.  
STREET ADDRESS 3250 MARY ST., STE 500  
CITY-ST-ZIP MIAMI FL

TITLE VAS ☒ DELETE

NAME SIBLEY, PETER L.  
STREET ADDRESS 3250 MARY ST., STE 500  
CITY-ST-ZIP MIAMI FL

TITLE STV ☒ DELETE

NAME TEMLING, W. PETER  
STREET ADDRESS 3250 MARY ST., STE 500  
CITY-ST-ZIP MIAMI FL

TITLE VAS ☒ DELETE

NAME HEWITT, THOMAS F.  
STREET ADDRESS 3250 MARY ST., STE 500  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☐ Addition

1.2 NAME James D. Carreker  
1.3 STREET ADDRESS 1950 Stemmons Frwy #6001  
1.4 CITY-ST-ZIP Dallas, TX 75207

2.1 TITLE Pres ☐ Change ☐ Addition

2.2 NAME Leslie V. Bentley  
2.3 STREET ADDRESS 1950 Stemmons Frwy #6001  
2.4 CITY-ST-ZIP Dallas, TX 75207

3.1 TITLE Treas ☐ Change ☐ Addition

3.2 NAME Lawrence S. Jones  
3.3 STREET ADDRESS 1950 Stemmons Frwy #6001  
3.4 CITY-ST-ZIP Dallas, TX 75207

4.1 TITLE Sec ☐ Change ☐ Addition

4.2 NAME Carla S. Moreland  
4.3 STREET ADDRESS 1950 Stemmons Frwy #6001  
4.4 CITY-ST-ZIP Dallas, TX 75207

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Lawrence S. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence S. Jones, Treas

214/863-1000

Date

Daytime Phone #

CR2E034 (11/98)