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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

OCHIMENT #

(6)

FILED May 01 1996 8:00 am Secretary of State

1. Corporation	NAME CORPORATION OF AMERIC	V · /			,	
		·-···				
Principal Place of Business Mailing Address				r indiidal sec anidi inica kidāl in	ini aani asani arah arah 4160 arak alah 1881	
P.O. BOX 819087 P.O. BOX		3030 LBJ FRWY.				
		P.O. BOX 819087				
DALLAS IX	73301	DALLAS TX 75381		3. Date Incorporated or Qualified	3a. Date of Last Report	
			~	12/19/1985	02/10/1995	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21				75-1311242	Not Applicable	
Suite, Apt. #, etc. Suite Apt. 27		Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
· · · · · · · · · · · · · · · · · · ·		City & State		6. Election Campaign Financing		
3]		F-¬ '		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes 🔲 Yes	s ∭ 7/No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New I	Reğistered Agent	
<u>.</u> -			81 Name			
	RPORATION SYSTEM		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
1200 S. PINE ISLAND ROAD				02		
PLANT/	ATION FL 33324		83			
			84 City		85 Zip Code	
11 Purcuant	to the provisions of Sections 607 0502	and 607 1509. Florida Stat.	tos the above proped cor	poration submits this statement for the pu	FL S Z.p Code	
familiar wi	ith, and accept the obligations of, Secti	on 607.0505, Florida Statute	S.	poard of directors. Thereby accept the app	, , , , , , , , , , , , , , , , , , ,	
12.	Signature, typed or printed name of registered agents OFFICERS AND		OTE: Flugicieren Agent signature rek		DATE FICERS AND DIRECTORS IN 12	
TITLE	PD	DELE TE	1 LTHLE	2	Criange Addition	
NAME	JOHNSON, ROBERT H.		1.2 NAME	James Hinckley		
STREET ADDRESS	3030 LBJ FREEWAY #700		1.3 STREET ADDRESS	3030 LBJ Frugst Dallas, TY 152	e700	
CHY-ST-ZIP	DALLAS TX	. /	1.4 CITY - ST - ZIP	Dallas ty 152	34	
TITLE	VD	DELETE	2 1 TITLE		Change Addition	
NAME	MUNSCH, JOE, R	1	2.2 NAME			
STREET ADDRESS	3030 LBJ FREEWAY #700	·	2.3 STREET ADDRESS			
CHTY-ST ZIP	DALLAS TX		2.4 City - St. ZiF			
TITLE	SD TERRY A	DELETE	3 1 TITLE		Change Addition	
NAME	TAYLOR, TERRY A.		3.2 NAME			
\$19EET ADDRESS	3030 LBJ FREEWAY #700		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DALLAS TX	☐ DELETE	3 4 CITY - ST - ZIF		Change	
NAME	MCCOY, JAMES P JR		4 I TILLE 4.2 NAME		Change Addition	
STREET ADDRESS	3030 LBJ FREEWAY #700		4.2 NAIVE 4.3 STREET ADORESS			
CITY-ST-ZIP	DALLAS TX		4 4 CiTy - S1 - ZiF			
TITLE	D	DELETE.	5 1 TillE		Change Addition	
NAME	DEDMAN, ROBERT H.		5 2 NAME		<u> </u>	
STREET ADDRESS	3030 LBJ FREEWAY #700		5.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX		5 4 CiTY - ST - ZIP			
TITLE	AT	X 0€LETE	6 1 TIFLE		Change Addition	
NAME	ZAMBIE, R., H.	/~	6.2 NAME			
STREET ADDRESS	3030 LBJ FREEWAY #700		6.3 STREET ADDRESS			
CITY-ST-7IP	DALLAS TX		6.4.CITY . ST . 7IP			

14. Ido 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 triflion 13 if chapter 607, or on an attaction with an address.

SIGNATURE:

Daytin e Phone #