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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90025 050 ***150.00

DOCUMENT # P15976

1. Corporation Name

MONTGOMERY ESTATES, INC.

Principal Place	of Business	Mailing Address						
12377 MERIT DRIVE		111 SUTTER STREET						
300		MAC #0188-165 SAN FRANCISCO CA 94163		000	DO NOT WRITE IN THIS SPACE			
DALLAS TX 75251 US		US			3. Date Incorporated or Qualifed			
					09/15/1987			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26 633 Folsom St	t., 7t	h flr	94-2582041		No	t Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certifcate of Status D	esired \square	\$8.75	-
22		27 MAC 0149-071			5, Certificate of Status D		Fee Re	quired
City & State)	City & State	~ C1		6. Election Campaign Fi	-	\$5.00	•
23		28 San Francisco			Trust Fund Contribution	on	Added t	o Fees
Zip	Country	Zip	Countr	-	8. This corporation owe:		ıngible □Yes	XXNo
24	25	11	30	USA	Personal Property Ta 10. Name and Address			41410
	9. Name and Address of Curren	t Registered Agent	81	I Name	10. Haille and Address	or item itegistered y	·gont	
CT C	ORPORATION SYSTEM			, tame				_
1	S. PINE ISLAND ROAD		82	2 Street	Address (P.O. Box Number is No	t Acceptable)		
1	ITATION FL 33324		83			 		-
			"	1		·		
			84	4 City		FL	85 Zip (Code
44 Dumunt	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the abov	ve-named	corporation submits this stateme	nt for the purpose of	changing its	registered
office or re	printered agent or both in the State	of Florida, Such change was auf	tnonzed by	v tne como	oration's board of directors. I here	by accept the appoin	itment as re	gistered
agent. Fan	n familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statute	S.				
SIGNATURE :	Signature, typed or printed name of registered age	ot and title if applicable (NOTE:	Registered Age	ent signature r	equired when reinstating)	DATE		
12.		ID DIRECTORS	13.	<u></u>	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	P				B. 1		☐ Change	
NAME		☐ DELETE	1.1 TITLE		Director		L Change	[XAddition
1	, ,	☐ DELETE	1.1 TITLE 1.2 NAME		Director Charles M. Johnso	n	Containing	XAddition
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE IN PULL ME INWONG

(415) 396-4566