

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P22732** (2)  
1. Corporation Name  
**CONCORD DEVELOPMENT PROPERTIES CORPORATION**



Principal Place of Business  
**7710 JONES MALTSBERGER, SUITE 620  
303  
SAN ANTONIO TX 78216  
US**

Mailing Address  
**7710 JONES MALTSBERGER, SUITE 620  
303  
SAN ANTONIO TX 78216  
US**

2. Principal Place of Business  
21 **200 Concord Plaza Drive**  
Suite, Apt. #, etc.  
22 **Suite 303**  
City & State  
23 **San Antonio, TX**  
Zip  
24 **78216** Country  
25 **USA**

2a. Mailing Address  
26 **200 Concord Plaza Drive**  
Suite, Apt. #, etc.  
27 **Suite 303**  
City & State  
28 **San Antonio, TX**  
Zip  
29 **78216** Country  
30 **USA**

3. Date Incorporated or Qualified  
**12/30/1988**

3a. Date of Last Report  
**03/07/1995**

4. FEI Number  
**74-2503568**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOORE, ERIC B.	
STREET ADDRESS	7710 JONES MALTSBERGER	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	KERR, JUDITH BRAZIL	
STREET ADDRESS	7710 JONES MALTSBERGER	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDDY, JAMES H., JR.	
STREET ADDRESS	7710 JONES MALTSBERGER	
CITY-ST-ZIP	SAN ANTONIO TX	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CAROLIN, DENNIS A	
STREET ADDRESS	7710 JONES MALTSBERGER	
CITY-ST-ZIP	SAN ANTONIO TX	
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	T/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	200 Concord Plaza Drive, Suite 303	
1.4 CITY-ST-ZIP	San Antonio, TX 78216	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	200 Concord Plaza Drive, Suite 303	
2.4 CITY-ST-ZIP	San Antonio, TX 78216	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	200 Concord Plaza Drive, Suite 303	
3.4 CITY-ST-ZIP	San Antonio, TX 78216	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	200 Concord Plaza Drive, Suite 303	
4.4 CITY-ST-ZIP	San Antonio, TX 78216	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

*Judith Brazil Kerr* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/96  
Date

210-822-8600  
Daytime Phone #

CR2E034 (12/95)