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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

SIDON 105/91 811-643-100

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P25557

(0)

P.D.M.S., INC.

SIGNATURÉ:

F.U. ¥ .U.	, IIIO:					A HOUSEAGO NEO HITO A GUIDA GUIDA GUIDA GUIDA GUIDA CA	JI BIBH BIBH BIBH BIBH BIBH	D1214   DD1
Principal Place	o of Ausinoss	Mailing Address						
Principal Place of Business		_	Mailing Address				,,,,,,	91611 189i
920 113 ST ARLINGTON TX	76011		920 113 ST ARLINGTON TX 76011-5407					
US		US						
						3. Date Incorporated or Qualified	3a. Date of Last R	leport
2 Principal Pl	lace of Business	2a. Mailing Add	ltore			<b>08/07/1989 4.</b> FEI Number	05/01/1996	
21	into Con Extrain 633		26 Naming Address				<del></del>	pplied For ot Applicable
Suite, Apt.	#, elc		Suite, Apt. #, etc.			75-1979020	. ¢0.76	Additional
22		27	27			5. Certificate of Status Desired		equired
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	··	28	· • · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		to Fees
Zip	Country	Ζφ	· · · · · · · · · · · · · · · · · · ·			8. This corporation has liability for intangible tax under s. 199.032,		
24	9. Name and Address of Curre	29	30			Florida Statutes  10. Name and Address of New Re	Yes No	
TI (C				81	Name	10. Name and Address of New H	agistered Agent	, ,
	PRENTICE-HALL CORPORATION	JN STSTEM INC.						į.
1201 HAYS STREET SUITE 105				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
TALLAHASSEE FL 32301				83				
INL	NINOOCL I C OZOUI					1017-1017-1017-1017-1017-1017-1017-1017		
				84	City		FL 85 Zip	Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such cha gations of, Section 601	nge was autho 7.0505, Florida	orized by Statutes	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	ept the appointment as	ts registered registered
12.	Signature hypotalor present name of mystered a OCENTERS A	gent and Me Cappicable ND DIRECTORS	(NOTE: Reg	istered Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	OC IN 10
TITLE	PVT		ELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	Addition
NAME	SIMS, JACK E.	-		1.2 NAME			514149	Production
STREET ADDRESS	4900 WOODLAND PARK			1 3 STREET	ADDRESS			
CITY - ST - ZIP	ARLINGTON TX		1	14 DITY-S	· · ·			
TITLE	D		)ELETE	2.1 TITLE			☐ Change	Addition
NAME	SIMS, JACK E.		ł	2.2 NAME				
STREET ADDRESS	4900 WOODLAND PARK		l	2 3 STREET	ADDRESS			
CITY+ST-ZIP	ARLINGTON TX			2 4 CITY-ST-ZIP				
TITLE	AS		)ELETÉ	31 TITLE			Change	Addition
NAME	SIMS, JACKIE			32 NAME				
STREET ADDRESS	4900 WOODLAND PK			3 3 STREET				
CITY - ST - ZIP	ARLINGTON TX			3 4. CITY - 5	ST - ZIP		T T Ober	
TITLE			DELETE	4 1 TITLE			☐ Change	☐ Addition
NAME STORET ADDRESS				4. 2 NAME	ADDOCCO			
STREET ADDRESS				43 STREET	·			
City - S1 - ZIP Title		<b></b>		4.4 CITY-S 5.1 TITLE	1 - ZIP		Change	Addition
NAVE				5 2 NAME			onange	L. Addition
STREET ADDRESS				5 3 STREET	ADDRESS			
CHTY-ST-ZIP			1	54 CITY-S				
TITLE				61 TITLE	. 411	***************************************	Change	Addition
NAME				62 NAME				-
\$TREET ADDRESS				63 STREET	ADDRESS			
City - St - Zip				64 CITY-S				
14. I do heret	by certify that the information suppl	ed with this filing does	not qualify for	r the exe	mption state	d in Section 119.07(3)(i), Florida Statuti	es. I further certify that	the
I am an of	n indicated on this annual report of flicer or diffector of the comporation n Block 12 or Block 13 if changed,	or the receiver or trust-	aa empowered	d to exec	irate and tha ute this repo	t my signature shall have the same leg of as required by Chapter 607, Florida	ai effect as if made un Statutes; and that my r	дег oath; that пате