

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

P3692

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27230 (2)

1. Corporation Name
REALTY CONSOLIDATED MANAGEMENT, INC.

Principal Place of Business 1505 FEDERAL STREET P. O. BOX 1920 DALLAS TX 75221 US	Mailing Address 1505 FEDERAL STREET P. O. BOX 1920 DALLAS TX 75221-1920 US
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **12/11/1989** 3a. Date of Last Report **04/22/1996**

4. FEI Number **75-2288960** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T 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 file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PCD	<input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME POQUE, MACK		12. NAME
3. STREET ADDRESS 1505 FEDERAL STREET		13. STREET ADDRESS
4. CITY- ST- ZIP DALLAS TX		14. CITY- ST- ZIP
5. TITLE V	<input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME DUVALL, WILLIAM C.		22. NAME
7. STREET ADDRESS 1505 FEDERAL STREET		23. STREET ADDRESS
8. CITY- ST- ZIP DALLAS TX		24. CITY- ST- ZIP
9. TITLE VST	<input type="checkbox"/> DELETE	31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME DAVIS, NANCY A		32. NAME
11. STREET ADDRESS 1505 FEDERAL STREET		33. STREET ADDRESS
12. CITY- ST- ZIP DALLAS TX		34. CITY- ST- ZIP
13. TITLE V	<input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME JACKS, DAN M.		42. NAME
15. STREET ADDRESS 1505 FEDERAL STREET		43. STREET ADDRESS
16. CITY- ST- ZIP DALLAS TX		44. CITY- ST- ZIP
17. TITLE AS	<input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME EVERETT, LEIGH ANN		52. NAME
19. STREET ADDRESS 1505 FEDERAL ST		53. STREET ADDRESS
20. CITY- ST- ZIP DALLAS TX		54. CITY- ST- ZIP
21. TITLE	<input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME
23. STREET ADDRESS		63. STREET ADDRESS
24. CITY- ST- ZIP		64. CITY- ST- ZIP

14. I do 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, as changed, or on an attachment with an address.

SIGNATURE *Leigh Ann Everett* Asst. Secretary 4-9-97 (214) 740-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)