

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

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**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P37789 (5)**  
 1. Corporation Name  
**AMRESKO-INSTITUTIONAL, INC.**



Principal Place of Business Mailing Address  
**1845 WOODALL RODGERS FRWY STE. #1700 DALLAS TX 75201 US**  
**1845 WOODALL RODGERS FRWY STE. #1700 DALLAS TX 75201-2287 US**

3. Date Incorporated or Qualified **03/03/1992** 3a. Date of Last Report **06/27/1996**  
 4. FEI Number **75-2401294** 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

2. Principal Place of Business 2a. Mailing Address  
 21 **700 N. Pearl** 26 **700 N. Pearl**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **2400** 27 **2400**  
 City & State City & State  
 23 **Dallas, Tx** 28 **Dallas, Tx**  
 Zip Country Zip Country  
 24 **75201** 25 **USA** 29 **75201** 30 **USA**

9. Name and Address of Current Registered Agent  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LUTZ, ROBERT JR	
STREET ADDRESS	1845 WOODALL RODGERS FRWY., STE 1700	
CITY-STATE-ZIP	DALLAS TX	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	ABRAMS, KENNETH M	
STREET ADDRESS	1845 WOODALL RODGERS, STE. 1700	
CITY-STATE-ZIP	DALLAS TX	
TITLE	CTEV	<input type="checkbox"/> DELETE
NAME	EDWARDS, BARRY L	
STREET ADDRESS	1845 WOODAL RODGERS FRWY, STE. 1700	
CITY-STATE-ZIP	DALLAS TX	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ADAIR, ROBERT L III	
STREET ADDRESS	1845 WOODALL RODGERS, STE. 1700	
CITY-STATE-ZIP	DALLAS TX	
TITLE	C	<input type="checkbox"/> DELETE
NAME	KIRKLAND, RON	
STREET ADDRESS	1845 WOODAL RODGERS FRWY., STE 1300	
CITY-STATE-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLACKWELL, KEITH L	
STREET ADDRESS	1845 WOODALL RODGERS FRWY., STE. 1700	
CITY-STATE-ZIP	DALLAS TX 75201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>700 N. Pearl, Suite 2400</b>
1.4 CITY-STATE-ZIP	<b>Dallas, Tx 75201</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>700 N. Pearl, Suite 2400</b>
3.4 CITY-STATE-ZIP	<b>Dallas, Tx 75201</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Robert L. ADAIR III</b>
4.3 STREET ADDRESS	<b>700 N. Pearl, Suite 2400</b>
4.4 CITY-STATE-ZIP	<b>Dallas, Tx 75201</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>700 N. Pearl, Suite 2400</b>
5.4 CITY-STATE-ZIP	<b>Dallas, Tx 75201</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>700 N. Pearl, Suite 2400</b>
6.4 CITY-STATE-ZIP	<b>Dallas, Tx 75201</b>

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 or checked for on an attachment with an address.

SIGNATURE: L. Keith Blackwell 2/3/97 211/953-7810  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year

CR2E034 (9/96)