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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P39030

SPECIALTY MANAGEMENT GROUP, INC.

Principal Place of Business
6350 LBJ FREEWAY STE. 269
DALLAS TX 75240

Mailing Address 6350 LBJ FREEWAY

STE. 269

DALLAS TX 75240

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90084 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/29/1992

2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number		Ap	plied For	
21	26				75-2401781		No	t Applicable	
	Suite, Apt. #, etc Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	3	City & State			6. Election Campaign Financing		\$5.00	May Be	
23 28					Trust Fund Contribution		Added 1	, ,	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible				
24	25 29 30						No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				Name					
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324			83						
į.									
				84 City FL 85 Zip Code					
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, board or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			eriuper erutsingia ti	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CITATOES TO GI	TOLIKO AIK	Change	Addition	
TITLE	P	☐ DELETE	1.1 TITLE					L_1.100/101/	
NAME	JONES, C.N.		1.2 NAME						
STREET ADDRESS	***************************************			ADDRESS					
CITY-ST-ZIP	DALLAS TX 75240		1.4 CITY-ST-ZIP				Change	Addition	
TITLE	VP	☐ DELETE 2.11					Change	☐ Addition	
NAME	DUNCAN, LEONARD		2.2 NAME						
STREET ADDRESS	s 6350 LBJ FREEWAY SUITE 269		2.3 STREET ADDRESS					ļ	
CITY-ST-ZIP	DALLAS TX 75240		2.4 CITY-ST-ZIP		-	A	· .		
TITLE	S DELETE		3.1 TITLE'				Change	☐ Addition	
NAME	JONES, CHRISTY			し	ZNEISON, LOUG				
STREET ADDRESS	1 Company of the comp		3.3 STREET ADDRESS		350 UST FUM#369				
CITY-ST-ZIP	DALLAS TX 75240		3.4. CITY-ST-ZIP		OUGET XT, EAUG				
TITLE	AS ST DELETE		4.1 TITLE		•		Change	☐ Addition	
NAME	DUNCAN, LEONARD		4, 2 NAME						
STREET ADDRESS	6350 LBJ FREEWAY SUITE 269		4.3 STREE	F ADDRESS				ĺ	
CITY-ST-ZIP	DALLAS TX 75240		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME	1					
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					
GITT-ST-ZIP	L.,	Libia Elian dana nat avalify for t			Section 110 07/3\(i) Florida Statutes	I further cor	tifu that the	nformation	

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 not 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.

SIGNATURE: