

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40051** (5)

1. Corporation Name

GAEDEKE INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**C/O PERFORMANCE PROPERTIES CORPORATION
4131 N. CENTRAL EXPWY., STE. 900
DALLAS TX 75204
US**

**C/O PERFORMANCE PROPERTIES CORPORATION
4131 N. CENTRAL EXPWY., STE. 900
DALLAS TX 75204
US**

3. Date Incorporated or Qualified
08/14/1992

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **4131 N. CENTRAL EXPY, STE 900**
Suite, Apt. #, etc.

26 **4131 N. CENTRAL EXPY, STE 900**
Suite, Apt. #, etc.

4. FEI Number
75-2415878

Applied For
Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 **DALLAS TX**
Zip Country

28 **DALLAS, TX**
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **75204** 25

29 **75204** 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST., STE. 105
TALLAHASSEE FL 32301**

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 date, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	GAEDEKE, WERNER	
STREET ADDRESS	4131 N. CENTRAL EXPWY., STE. 900	
CITY- ST- ZIP	DALLAS TX 75204	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LANDERS, D. W.	
STREET ADDRESS	4131 N. CENTRAL EXPWY., STE. 900	
CITY- ST- ZIP	DALLAS TX 75204	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GAEDEKE, GASINE	
STREET ADDRESS	4131 N. CENTRAL EXPWY.	
CITY- ST- ZIP	DALLAS TX 75204	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STENER, SABINE
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SABINE STENER

2/7/96

214-528-8883

CR2E034 (12/95)