

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 # **P93000047220**

1. Corporation Name
CRITERION N.Y., INC.

Principal Place of Business
**3250 MARY ST
STE 500
MIAMI FL 33133**

Mailing Address
**3250 MARY ST
STE 500
MIAMI FL 33133**

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90224 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1993

4. FEI Number

65-0433113

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1950 Stemmons Freeway

2a. Mailing Address

26 1950 Stemmons Freeway

Suite, Apt. #, etc.

22 Suite 6001

Suite, Apt. #, etc.

27 Suite 6001

City & State

23 Dallas, Texas

City & State

28 Dallas, Texas

Zip

24 75207

Country

Zip

29 75207

Country

30

9. Name and Address of Current Registered Agent

**PELTZ, ARVIN
3250 MARY ST
STE 500
MIAMI FL 33133**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	WEISER, SHERWOOD M	
STREET ADDRESS	3250 MARY ST #500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVCS	<input checked="" type="checkbox"/> DELETE
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY ST #500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HEWITT, THOMAS F.	
STREET ADDRESS	3250 MARY ST. 501	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	STV	<input checked="" type="checkbox"/> DELETE
NAME	TEMLING, W. PETER	
STREET ADDRESS	3250 MARY ST., SUITE 501	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	SIBLEY, PETER	
STREET ADDRESS	3250 MARY ST., SUITE 501	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CEO
1.3 STREET ADDRESS	James D. Carreker
1.4 CITY-ST-ZIP	1950 Stemmons Frwy #6001
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Leslie V. Bentley
2.4 CITY-ST-ZIP	1950 Stemmons Frwy #6001
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	Lawrence S. Jones
3.4 CITY-ST-ZIP	1950 Stemmons Frwy #6001
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Carla S. Moreland
4.4 CITY-ST-ZIP	1950 Stemmons Frwy #6001
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Carla S. Moreland
5.4 CITY-ST-ZIP	1950 Stemmons Frwy #6001
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence S. Jones* **SICK** **REQUIRE** **Lawrence S. Jones, Treasurer** 214/863-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)