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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P94000029576 (3)**

1. Corporation Name
FLORIDA 1993 - N3, INC.

Principal Place of Business	Mailing Address
5310 HARVEST HILL ROAD SUITE 210, L.B. 120 DALLAS TX 75230-5805	5310 HARVEST HILL ROAD SUITE 210, L.B. 120 DALLAS TX 75230-5806

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business	2a. Mailing Address
21 700 North Pearl Str.	26 700 North Pearl Str.
Suite, Apt. #, etc. 22 Suite 2400, LB 342	Suite, Apt. #, etc. 27 Suite 2400, LB 342
City & State 23 Dallas, Texas	City & State 28 Dallas, Texas
Zip: 24 75201 Country: 25 USA	Zip: 29 75201 Country: 30 USA

4. FEI Number: 75-2536025 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 of corporate officer if registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	KATZ, MICHAEL	1.2 NAME	B.W. Giesen, II
STREET ADDRESS	111 GREAT NECK RD.	1.3 STREET ADDRESS	700 North Pearl Street, Suite 2400
CITY-ST-ZIP	GREAT NECK NY	1.4 CITY-ST-ZIP	Dallas, TX 75201-7424
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	BUCKLEY, CORNELIA C	2.2 NAME	Matthew Bernstein
STREET ADDRESS	280 PARK AVE-21W	2.3 STREET ADDRESS	280 Park Ave-21W
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10017
TITLE	D ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	ADAIR, ROBERT L III	3.2 NAME	Robert L. Adair III
STREET ADDRESS	1845 WOODALL RODGERS TOWER	3.3 STREET ADDRESS	700 North Pearl Str., Suite 2400
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Dallas, TX 75201-7424
TITLE	V ☐ DELETE	4.1 TITLE	V ☒ Change ☐ Addition
NAME	WAGONER, BRADFORD A	4.2 NAME	Bradford A. Wagoner
STREET ADDRESS	5310 HARVEST HILL RD., #210, LB 120	4.3 STREET ADDRESS	700 North Pearl Street, Suite 2400
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	Dallas, TX 75201-7424
TITLE	S ☐ DELETE	5.1 TITLE	S ☒ Change ☐ Addition
NAME	PATRICK, ALLYN S	5.2 NAME	Allyn S. Patrick
STREET ADDRESS	5310 HARVEST HILL RD., SUITE3210	5.3 STREET ADDRESS	700 North Pearl Str., Suite 2400
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	Dallas, TX 75201-7424
TITLE	☐ DELETE	6.1 TITLE	V ☐ Change ☒ Addition
NAME		6.2 NAME	Gregory M. Adams
STREET ADDRESS		6.3 STREET ADDRESS	700 North Pearl Str., Suite 2400
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dallas, TX 75201-7424

CR2E034 (9/96)

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 if changed or on an attachment with an address.

SIGNATURE: Allyn S. Patrick 2-19-97 214/953-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #