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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000086416 (2)**
1. Corporation Name
PINE LAKES MANAGEMENT CORP.

Principal Place of Business Mailing Address
3030 LBJ FREEWAY SUITE 350 DALLAS TX 75234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1994** 3a. Date of Last Report
4. FEI Number **75-2569197** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINCKLEY, JAMES M	2. NAME	
STREET ADDRESS	3030 LBJ FREEWAY 7TH FLOOR	3. STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75234	4. CITY - ST - ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPTON, JACK T JR.	22. NAME	
STREET ADDRESS	3030 LBJ FREEWAY 5TH FLOOR	23. STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75234	24. CITY - ST - ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTZ, BERYL E	32. NAME	
STREET ADDRESS	3030 LBJ FREEWAY SUITE 350	33. STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75234	34. CITY - ST - ZIP	
TITLE	Zambie, R. H. Asst. Treas.	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zambie, R. H.	42. NAME	
STREET ADDRESS	3030 LBJ FREEWAY SUITE 350	43. STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75234	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 110.07(3)(b), 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: *R.H. Zambie* *R.H. Zambie* **3-27-95 (214) 888-7461**
Asst. Treasurer (Date) (Signature/Phone #)