

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

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May 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000045792

1. Corporation Name
CHC REIT LESSEE CORP.

Principal Place of Business

3250 MARY STREET
FIFTH FLOOR
MIAMI FL 33133

Mailing Address

3250 MARY STREET
FIFTH FLOOR
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1995	
21 1950 Stemmons Freeway		26 1950 Stemmons Freeway		4. FEI Number 65-0603679	
Suite, Apt. #, etc. 22 Suite 6001		Suite, Apt. #, etc. 27 Suite 6001		Applied For Not Applicable	
City & State 23 Dallas, Texas		City & State 28 Dallas, Texas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 75207 25		Zip Country 29 75207 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301-2525				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, SHERWOOD, M	1.2 NAME	James D. Carreker
STREET ADDRESS	3250 MARY STREET, 5TH FLOOR	1.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Dallas, Texas 75207
TITLE	DVC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTON, DONALD E	2.2 NAME	Leslie V. Bentley
STREET ADDRESS	3250 MARY STREET, 5TH FLOOR	2.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL 33133	2.4 CITY-ST-ZIP	Dallas, TX 75207
TITLE	VST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treas <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMLING, W. PETER	3.2 NAME	Lawrence S. Jones
STREET ADDRESS	3250 MARY STREET, 5TH FLOOR	3.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Dallas, TX 75207
TITLE	ASAT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sec <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZOLD, THOMAS	4.2 NAME	Carla S. Moreland
STREET ADDRESS	3250 MARY STREET, 5TH FLOOR	4.3 STREET ADDRESS	1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP	Dallas, TX 75207
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, THOMAS F.	5.2 NAME	
STREET ADDRESS	3250 MARY ST., 5TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **SIGNATURE REQUIRED** Lawrence S. Jones, Treas 214/863-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)