

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90031 010 \*\*\*150.00

DOCUMENT # P97000051562

1. Corporation Name  
FOUNTAINHEAD, INC.



Principal Place of Business

3100 MONTICELLO  
SUITE 200  
DALLAS TX 75205

Mailing Address

3100 MONTICELLO  
SUITE 200  
DALLAS TX 75205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

13-3958114

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

BUILDERS, J L JR  
369 N. NEW YORK AVENUE  
3RD FLOOR  
WINTER PARK FL 32789

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	CEOP	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, WILLIAM S	
STREET ADDRESS	280 PARK AVE EAST BLDG 20TH FLOOR	
CITY-ST-ZIP	NY NY 10017	
TITLE	COF	<input checked="" type="checkbox"/> DELETE
NAME	SCHNITZ, BRUCE	
STREET ADDRESS	3100 MONTICELLO, SUITE 200	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, LAURENCE S	
STREET ADDRESS	280 PARK AVE EAST BLDG 20TH FLOOR	
CITY-ST-ZIP	NY NY 10017	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	IRVINE, ROBERT	
STREET ADDRESS	3100 MONTICELLO, SUITE 200	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	CAO	<input type="checkbox"/> DELETE
NAME	DAVIS, ERIN	
STREET ADDRESS	3100 MONTICELLO, SUITE 200	
CITY-ST-ZIP	DALLAS TX 75205	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MINOR, TODD	
STREET ADDRESS	3100 MONTICELLO, SUITE 200	
CITY-ST-ZIP	DALLAS TX 75205	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S / ✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mansfield, Kathryn	
1.3 STREET ADDRESS	3100 Monticello, Suite 200	
1.4 CITY-ST-ZIP	Dallas, Texas 75205	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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	CFO / ✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T / ✓	<input checked="" 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:

*Kathryn Mansfield*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 214-599-2200

Date

Daytime Phone #

CR2E034 (11/98)