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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90126 032 ***150.00

DOCUMENT # P97000056083

1. Corporation Name

PRG FLO	orida XIV, INC.										
Principal Place	e of Business	Mailing Address					ORI ILO IOLII LOONI OONI O	Diff ABII) BBIB)	RELIA DIKE AREDI	(OLOU SISI CAMI	
5430 LBJ EXPRESSWAY SUITE 1540 DALLAS TX 75240 SUITE 1540 DALLAS TX 75240						DO NOT WRITE IN THIS SPACE					
UNLLAG TA 732		DALDIO IN IOLIO				3. Date Inco	rporated or Qualifed				
ı						06/25/1	997				
2. Principal Pl	lace of Business	2a. Mailing Address		•		4. FEI Numb	per		Ap	plied For	
21 14800 Landmark 26 14800 Land			ark			75-2714	1438			t Applicable	
Suite, Apt.		Suite, Apt. #, etc.			_	5. Certificate	of Status Desired		\$8.75		
22 _Suite	e 500	_27 Suite_500	<u> </u>		<u></u>			<u> </u>	Fee Re	quired	
City & State		City & State	-				Campaign Financing	' 🗀	\$5.00		
23 Dalla	as TX	28 Dallas, TX					d Contribution		Added t	o Fees	
Zip	Country	Zip	Cou	ntry		1	oration owes the cu	rrent year Int			
24 75240		29 75240	30 US	5A		ł	Property Tax.	Dealstored	Yes	□No	
	9. Name and Address of Current	t Registered Agent		81 Name		iv. Name an	d Address of New	Registered	Agent	_	
NIDAL	CEDVICES INC			OI Name	,						
	I SERVICES, INC. EAST PARK AVENUE			82 Stree	t Addres	ss (P.O. Box No	umber is Not Accep	table)	•		
	AHASSEE FL 32301			83						_	
IALL	ANASSEE FL 32301			83							
1				84 City				FL	_ `	Code	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statut	es, the al	ove-name	d corpoi	ation submits t	his statement for th	e purpose of	changing its	registered	
office or re agent. I a	egistered agent, or both, in the State or im familiar with, and accept the obligati	of Florida. Such change was a ions of, Section 607.0505, Flo	⊔thorized rida Statu	by the cor ites.	poration	's board of dire	ectors. I hereby acco	ept the appoi	ntment as re	gistered	
SIGNATURE								DATE		}	
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered		required v	when reinstating)	S/CHANGES TO O	OATE FFICERS AN	ND DIRECTO	DRS IN 12	í
12.	OFFICERS AND	t and title if applicable. (NOTE	Registered	Agent signatur		ADDITION	S/CHANGES TO O		ND DIRECTO	DRS IN 12	
12.	OFFICERS AND	t and title if applicable. (NOTE	Registered 13.	Agent signatur LE	Pro	ADDITION esident					
12. TITLE NAME	OFFICERS AND PSTD D'AMICO, RICHARD	t and title if applicable. (NOTE D DIRECTORS X DELETE	13. 1.1 TIT	Agent signatur LE ME	Pro	ADDITION esident chael Ye	ary	FFICERS A			(00,77)
12. TITLE NAME STREET ADDRESS	PSTD D'AMICO, RICHARD 5430 LBJ EXPRESSWAY SUITE	t and title if applicable. (NOTE D DIRECTORS X DELETE	13. 1.1 TII 1.2 NA 1.3 ST	Agent signatur LE ME REET ADDRES	Pro Mic s 148	ADDITION esident chael Ye 800 Land	ary mark, Suit	FFICERS A			(00, FF) F 00 L 00
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD D'AMICO, RICHARD	t and title if applicable. (NOTE D DIRECTORS X DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	Agent signatur LE ME REET ADDRES Y-ST-ZIP	Pro Mic s 14	ADDITION esident chael Ye 800 Land llas, Te	ary mark, Suit xas 75240	FFICERS A			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD D'AMICO, RICHARD 5430 LBJ EXPRESSWAY SUITE	t and title if applicable. (NOTE D DIRECTORS X DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII	Agent signatur LE ME REET ADDRES Y-ST-ZIP LE	Pro Mic s 146 Da	ADDITION esident chael Ye 800 Land llas, Te ce Presi	ary mark, Suit xas 75240 dent	FFICERS A	S Change	☐ Addition	
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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 toe 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 attachapent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #