FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # V0680	9 (0)					
SOCIE	TY MANAGEMENT, INC.				1 (86)	2 PR() @(@() @()&() @()	1 818 11 8 1811 1841
Principal Place of Business		Mailing Address			a sames drifter dared mitml after Mitt	יוקום וופות וופוש וופוש וופוי בישיר.	
TRIWEST PLAZA 3030 LBJ FREEWAY		TRIWEST PLAZA 3030 LBJ FREEWAY					
DALLAS TX 75234		DALLAS TX 75234		O Date Incorporated as O. allifest	Ta- 5		
					3. Date Incorporated or Qualified 01/13/1992	3a. Date of Last Re 02/21/19	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
21		26]					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State		6. Election Campaign Financing		May Be	
23		[28]		Trust Fund Contribution	1 1	d to Fees	
Zip	Country Zip		Country		8. This corporation has liability for	intangible tax under s	199.032,
24	25 9. Name and Address of Currer	29 of Registered Agent	[30]		Florida Statutes X Yes 10. Name and Address of New R	□No legistered Agent	
			81	Name	10. (10.110)	ogisterou rigerit	
CT COR	PORATION SYSTEM		82	Street Add	dress (P.O. Box Number is Not Acceptab	olo,	
1200 SOUTH PINE ISLAND ROAD				Olivoi Add	diess (.e. per vier is vier is obspice		
PLANTA	TION FL 33324		83				
			84	City		FL 85 74	p Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the above i	l named coro	oration submits this statement for the pur		registered office
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorize	d by the com	oration's bo	ard of directors. I hereby accept the app	biritment as registered	Lagent. Lan
CIONIATUIDE							
	Signature, types or printed name of registered agent		The Court of the Section of the Assessment	t signature requi	rod when remstalingi	DATE.	
12. TITLE	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 12
NAME	JOHNSON, ROBERT H		1.2 NAME	し	ames Hinckley	7	[_] /loakion
STREET ADDRESS	3030 LBJ FRWY, #700		1.3 STREET	ADDRESS 3	030 LBJ FNWGSTC 701		
CITY-ST-ZIP	DALLAS TX		1.4 C/1Y - S	I-ZIP	sallas, TV 975234	* ·····	
TITLE	VP	DELFTE	2 1 TILE 22 NAME		•	[] Change	Addition
NAME STREET ADDRESS	JAHNKE, JEFFREY A 3030 LBJ FRWY, #700			ADDRESS			
CITY-ST-ZIP	DALLAS TX		2 4 CITY - S				
TITLE	AT	DELFTE	3 1 TITLE			☐ Change	Addition
NAME	ZAMBIE, R. H	/ `	3.2 NAME				
STREET ADDRESS	3030 LBJ FRWY, #700		3.3 STREE				
CITY-ST-ZIP	DALLAS TX		3 4 CITY - S	I-ZIP		F7 Change	FT Addition
TITLE NAME		☐ DELETE	4. 1 TITLE 4.2 NAME			[]] Change	☐ Addition
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-S1-ZIP	MINIMAR AND MINIMAR AND		4.4 CHY- S				
TITLE		DELETE	5 1 TITLE			Change	[] Addition
NAME Oxeres approach			5.2 NAME				
STREET ADDRESS			5.3 \$TREET]			
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - S 6 1 THLE	1-215	The second secon	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 S1R6E I	ADDRESS			
CITY-S1-ZIP	and the that the left and the second	The Vol. Police of the Control of th	6.4 CITY - S			OWOM S FL. 11 OV.	
certify that	the information indicated on this arm.	ual report or supplemental annu	ial report is tru	ie and accur	for the exemption stated in Section 119, rate and that my signature shall have the	same legal effect as if	f made under
oatn; that I appears in	ram an officer or director of the corpo Block 12 o Block 13 if chringed, or c	oration or the receiver or trusted on an attachment with an addre	empowered : ess.	to execute th	ni/ report as required by Chapter 607, Flo	orida Statutes; and tha	at my name
CICALAT		イン	1/10	W.	26/9/2		ļ
SIGNAT		PRINTED NAME OF SIGNING OFFICE	DA DIRECTOR		Dare	Daytime Phone A	