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**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90024 034 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V22114**  
 1. Corporation Name  
**GRAND BAY MANAGEMENT COMPANY**

Principal Place of Business: 3250 MARY STREET, 5TH FLOOR, MIAMI FL 33133  
 Mailing Address: 3250 MARY STREET, SUITE 500, MIAMI FL 33133, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1950 Stemmons Freeway, Suite 6001, Dallas, Texas 75207  
 2a. Mailing Address: 1950 Stemmons Freeway, Suite 6001, Dallas, Texas 75207

3. Date Incorporated or Qualified: 03/18/1992  
 4. FEI Number: 65-0331018  
 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

9. Name and Address of Current Registered Agent: WEISER, SHERWOOD M., 3250 MARY STREET, 5TH FLOOR, MIAMI FL 33133

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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		
TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	WEISER, SHERWOOD M.	
STREET ADDRESS	3250 MARY STREET, SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	WEISER, JUDITH	
STREET ADDRESS	3250 MARY STREET, SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	LEFTON, DONALD E.	
STREET ADDRESS	3250 MARY ST., 5TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, ROBYN C.	
STREET ADDRESS	3250 MARY ST., 5TH FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	TEMLING, PETER W.	
STREET ADDRESS	3250 MARY STREET, SUITE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HEWITT, THOMAS F.	
STREET ADDRESS	3250 MARY STREET, SUITE 500	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James D. Carreker	
1.3 STREET ADDRESS	1950 Stemmons Frwy #6001	
1.4 CITY-ST-ZIP	Dallas, Texas 75207	
2.1 TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leslie V. Bentley	
2.3 STREET ADDRESS	1950 Stemmons Frwy #6001	
2.4 CITY-ST-ZIP	Dallas, Texas 75207	
3.1 TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lawrence S. Jones	
3.3 STREET ADDRESS	1950 Stemmons Frwy #6001	
3.4 CITY-ST-ZIP	Dallas, Texas 75207	
4.1 TITLE	Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carla S. Moreland	
4.3 STREET ADDRESS	1950 Stemmons Frwy #6001	
4.4 CITY-ST-ZIP	Dallas, Texas 75207	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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: Lawrence S. Jones SIGNATURE REQUIRED: Lawrence S. Jones, Treas Date: \_\_\_\_\_ Daytime Phone #: 214/863-1000

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