

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

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

02-22-1999 90058 030 ***150.00

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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 # F98000004167

1. Corporation Name
HALL APARTMENT ADVISORS, INC.

Principal Place of Business 750 N. ST PAUL, STE 200 DALLAS TX 75201	Mailing Address 750 N. ST PAUL, STE 200 DALLAS TX 75201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2595 Dallas Parkway	2a. Mailing Address 26 2595 Dallas Parkway
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 Frisco, Texas	City & State 28 Frisco, TX
Zip 24 75034	Country 25 USA
Country 29 USA	Zip 30 75034

3. Date Incorporated or Qualified 07/21/1998	4. FEI Number APPLIED FOR 75-2627024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DEPKER, MARK	
STREET ADDRESS	750 N. ST PAUL, STE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARLSON, JANET K	
STREET ADDRESS	750 N. ST PAUL, STE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, CRAIG	
STREET ADDRESS	750 N. ST PAUL, STE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAUN, DONALD L	
STREET ADDRESS	750 N. ST PAUL, STE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVEY, LARRY E	
STREET ADDRESS	750 N. ST PAUL, STE 200	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, MASTEN L	
STREET ADDRESS	750 N. ST PAUL, STE 200	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2595 Dallas Parkway, Suite 300
1.4 CITY-ST-ZIP	Frisco, Texas 75034
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2595 Dallas Parkway, Suite 300
2.4 CITY-ST-ZIP	Frisco, Texas 75034
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2595 Dallas Parkway, Suite 300
3.4 CITY-ST-ZIP	Frisco, Texas 75034
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2595 Dallas Parkway, Suite 300
4.4 CITY-ST-ZIP	Frisco, Texas 75034
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice President
5.3 STREET ADDRESS	2595 Dallas Parkway, Suite 300
5.4 CITY-ST-ZIP	Frisco, Texas 75034
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2595 Dallas Parkway, Suite 300
6.4 CITY-ST-ZIP	Frisco, Texas 75034

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: Janet K. Carlson Janet K. Carlson, Secretary 1/6/99 972/377-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)