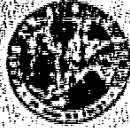


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:01**

DOCUMENT # P25654 (5)
1. Corporation Name
CS OF TEXAS, INC.

Principal Place of Business Mailing Address
P. O. BOX 33547 GRANADA HILLS CA 91394-8547 **P. O. BOX 33547 GRANADA HILLS CA 91394-8547**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/17/1989** 3a. Date of Last Report **07/12/1994**

4. FEI Number **95-4043864** Applied For Not Applicable

5. Certificate of Status Desired **XX** **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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

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	DP
NAME	BOYLE, JAMES R.
STREET ADDRESS	1000 WILSHIRE BLVD. 21FL
CITY- ST- ZIP	LOS ANGELES CA
TITLE	V
NAME	OLSEN, GEOFFREY G
STREET ADDRESS	18000 CHATSWORTH ST
CITY- ST- ZIP	GRANADA HILLS CA
TITLE	SV
NAME	MORGAN, CAROLYN Y
STREET ADDRESS	18000 CHATSWORTH STREET
CITY- ST- ZIP	GRANADA HILLS CA
TITLE	VT
NAME	RICH, GERALD I.
STREET ADDRESS	18000 CHATSWORTH ST
CITY- ST- ZIP	GRANADA HILLS CA
TITLE	D
NAME	HUNT II, ROBERT L
STREET ADDRESS	1000 WILSHIRE BLVD 22 FL
CITY- ST- ZIP	LOS ANGELES CA
TITLE	DV
NAME	RAIDEN, NORMAN H
STREET ADDRESS	1000 WILSHIRE BLVD 22 FL
CITY- ST- ZIP	LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
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	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 volunteer empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an acknowledgment.

SIGNATURE:

Carolyn Y. Morgan

Carolyn Y. Morgan 3/7/95 818/366-8625

Date

Daytime Phone #