

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **08/17/1989** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business 2a. Mailing Address
21 **8433 Fallbrook Ave** 26 **P.O. Box 10360**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **West Hills, CA** 28 **Canoga Park, CA**
Zip Country Zip Country
24 **91304** 25 **Los Angeles** 29 **91309** 30 **Los Angeles**

4. FEI Number **95-4043864** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 on reverse of this report and attached to this report. (Date Registered Agent's Signature reported on this report)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, JAMES R.	1.2 NAME	
STREET ADDRESS	1000 WILSHIRE BLVD. 21FL	1.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, GEOFFREY G	2.2 NAME	
STREET ADDRESS	18000 CHATSWORTH ST	2.3 STREET ADDRESS	8433 Fallbrook Avenue
CITY- ST- ZIP	GRANADA HILLS CA	2.4 CITY- ST- ZIP	West Hills, CA 91304
TITLE	SV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, CAROLYN Y	3.2 NAME	same as above
STREET ADDRESS	18000 CHATSWORTH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	GRANADA HILLS CA	3.4 CITY- ST- ZIP	
TITLE	VT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, GERALD I.	4.2 NAME	same as above
STREET ADDRESS	18000 CHATSWORTH ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	GRANADA HILLS CA	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT II, ROBERT L	5.2 NAME	
STREET ADDRESS	1000 WILSHIRE BLVD 22 FL	5.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	5.4 CITY- ST- ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIDEN, NORMAN H	6.2 NAME	
STREET ADDRESS	1000 WILSHIRE BLVD 22 FL	6.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA	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 119.07(3)(k), 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 correct, or on an attachment with an address.

SIGNATURE: *Gerald I. Rich* **GERALD I. RICH** (818) 316 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Capital Phone #

CR2E034 (12/95)