

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business
~~8133~~ **8433 FALLBROOK AVE**
W HILLS CA 91304
US

Mailing Address
PO BOX 10360
CANOGA PARK CA 91309-1360
US

2. Principal Place of Business
21 8433 Fallbrook Ave
 Suite, Apt. #, etc.
22
 City & State
23 West Hills, CA
 Zip Country
24 91304 25 US

2a. Mailing Address
26
 Suite, Apt. #, etc.
27
 City & State
28
 Zip Country
29 30

3. Date Incorporated or Qualified
08/17/1989

3a. Date of Last Report
04/24/1996

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

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, GEOFFREY G	2.2 NAME	
STREET ADDRESS	8433 FALLBROOK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W HILLS CA	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, CAROLYN Y	3.2 NAME	
STREET ADDRESS	8433 FALLBROOK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W HILLS CA	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, GERALD I.	4.2 NAME	
STREET ADDRESS	8433 FALLBROOK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Gerald I. Rich* **GERALD I. RICH** (818) 316 8000

CR2E034 (9/96)