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May 08 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 # F93000001041 (3)

1. Corporation Name
CH&A, A TEXAS CORPORATION



Principal Place of Business
GAB BUSINESS SERVICES, INC.
9 CAMPUS DR.
PARSIPPANY NJ 07054

Mailing Address
GAB BUSINESS SERVICES, INC.
9 CAMPUS DR.
PARSIPPANY NJ 07054-4408

3. Date Incorporated or Qualified **02/24/1993** 3a. Date of Last Report **05/01/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	P.O. Box 314	74-2060190	Not Applicable
22. Suite, Apt #, etc	27. Suite, Apt #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Suite 7		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Parsippany, NJ		
24. Zip	25. Country	29. Zip	30. Country
		07054-0314	US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____
Sign and type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CEO/Director
NAME	CRADDOCK, J R	1.2 NAME	McGee, James A.
STREET ADDRESS	2319 KINGS FOREST	1.3 STREET ADDRESS	9 Campus Drive
CITY-ST-ZIP	KINGWOOD TX	1.4 CITY-ST-ZIP	Parsippany, NJ 07054-0314
TITLE	VP	2.1 TITLE	
NAME	JACOBUS, JOHN O	2.2 NAME	
STREET ADDRESS	2943 KINGS FOREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KINGWOOD TX	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	HOPKINS, R H	3.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T/D
NAME	DARDEN, JOHN F	4.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Director
NAME	REIFER, WALTER R JR	5.2 NAME	McGirr, David W. J.
STREET ADDRESS	2515 DEER MOUNTAIN COURT	5.3 STREET ADDRESS	9 Campus Drive
CITY-ST-ZIP	KINGWOOD TX	5.4 CITY-ST-ZIP	Parsippany, NJ 07054
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **R. Howard Hopkins** Secretary 1997 201-993-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/96)