


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90022 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000001990					
1. Corporation Name CERTIFIED SYSTEMS OF TEXAS, INC.					
Principal Place of Business 3218 HWY. 67 SUITE 201 MESQUITE TX 75150			Mailing Address 3218 HWY. 67 SUITE 201 MESQUITE TX 75150		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 75-2399266	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM, INC. 1200 S. PINE ISLAND RD. 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		
			85 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input checked="" type="checkbox"/> DELETE			1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ROBERTS, LARRY L JR.			1.2 NAME Sanford Jett		
STREET ADDRESS 6819 MIDCREST			1.3 STREET ADDRESS 5042 Center Ave.		
CITY-ST-ZIP DALLAS TX 75240			1.4 CITY-ST-ZIP Irish, IL 60532		
TITLE S <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LAMBETH, JULIE			2.2 NAME		
STREET ADDRESS 2513 HACKBERRY PLACE			2.3 STREET ADDRESS		
CITY-ST-ZIP PLANO TX 75025			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

Julie Lambeth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 1999 800-878-3157
Date Daytime Phone #

CR2E034 (11/98)