

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 # F93000003822
1. Corporation Name
OFECK CORPORATION OF TEXAS

Principal Place of Business Mailing Address
100 PLANTATION ROAD NEW ORELANS, LA 70123 **100 PLANTATION ROAD NEW ORLEANS, LA 70123**

3. Date Incorporated or Qualified 06/30/92 3a. Date of Last Report 01/01/95
4. FEI Number 72-1219437 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. 199.037, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81. Name
1200 SOUTH PINE ISLAND ROAD 82. Street Address (P.O. Box Number is Not Acceptable)
PLANTATION, FL 33324 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 _____ (Date) _____
Signature typed or printed name of registered agent (and if applicable, the registered agent's signature) required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPTD ORECK, DAVID I 100 PLANTATION RD NEW ORELANS, LA 70123 <input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ORECK, MARSHALL 100 PLANTATION RD NEW ORLEANS, LA 70123 <input type="checkbox"/> DELETE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS EILERS, STANLEY W 100 PLANTATION ROAD NEW ORELANS, LA 70123 <input type="checkbox"/> DELETE	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP GLADDEN, BRUCE D. 100 PLANTATION ROAD NEW ORLEANS, LA 70123
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 changed, or in an attachment with an address.

SIGNATURE: Stanley W. Eilers 08/14/96 504-731-7268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number
STANLEY W. EILERS 05 8/19/96

CR2E034 (12/95)