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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F93000005894 (1)**

1. Corporation Name:  
**KARS-YES FINANCE INC.**

Principal Place of Business: **700 N. PEARL ST. SUITE 1940 DALLAS TX 75201 US**  
Mailing Address: **700 N. PEARL STREET SUITE 1940 DALLAS TX 75201 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1993**  
3a. Date of Last Report: **06/06/1994**  
4. FEI Number: **33-0436496**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b>
NAME	<b>MCGONIGLE, J. OLIVER</b>
STREET ADDRESS	<b>2200 ROSS AVE. #3600</b>
CITY- ST- ZIP	<b>DALLAS TX 75201</b>
TITLE	<b>D</b>
NAME	<b>COX, EDWIN L</b>
STREET ADDRESS	<b>2200 ROSS AVE. #3600</b>
CITY- ST- ZIP	<b>DALLAS TX 75201</b>
TITLE	<b>P</b>
NAME	<del>CRIGANTI, RUSSELL J</del>
STREET ADDRESS	<del>3233 PARK CENTER DR., STE. 300</del>
CITY- ST- ZIP	<del>COSTA MESA CA 92626</del>
TITLE	<b>V</b>
NAME	<b>CONNER, SCOTT</b>
STREET ADDRESS	<b>3233 PARK CENTER DR., STE. 300</b>
CITY- ST- ZIP	<b>COSTA MESA CA 92626</b>
TITLE	<b>ST</b>
NAME	<b>WHITAKER, ROBERT</b>
STREET ADDRESS	<b>700 N. PEARL STREET, SUITE 1940</b>
CITY- ST- ZIP	<b>DALLAS TX</b>
TITLE	<b>VC</b>
NAME	<b>NASAN, HARISH</b>
STREET ADDRESS	<b>700 N. PEARL ST., SUITE 1940</b>
CITY- ST- ZIP	<b>DALLAS TX</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Thaxton, Bill</b>
3.3 STREET ADDRESS	<b>700 N. Pearl St. Suite 1940</b>
3.4 CITY- ST- ZIP	<b>Dallas, Tx 75201</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, 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 affidavit.

SIGNATURE: *Robert E Whitaker* Robert E Whitaker 4/27/95 (214) 717-4708  
SIGNATURE AND TYPED OR PRINTED NAME OF DIVISION OFFICER OR DIRECTOR