

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

FILED

Apr 10 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 # F95000004004 (6)

1. Corporation Name
SV ASSET CORP.



Principal Place of Business

Mailing Address

6400 IMPERIAL DR.
P.O. BOX 8216
WACO TX 76712-8216

6400 IMPERIAL DR.
P.O. BOX 8216
WACO TX 76712-8804

3. Date Incorporated or Qualified 08/18/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 74-2754929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country

28 Zip Country

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

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 type="checkbox"/> DELETE
NAME	SARTAIN, JAMES T	
STREET ADDRESS	6400 IMPERIAL DR.	
CITY-ST-ZIP	WACO TX 76712	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HAWKINS, JAMES R	
STREET ADDRESS	6400 IMPERIAL DR.	
CITY-ST-ZIP	WACO TX 76712	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAY, MARGIE	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAGELSTEIN, RICK R	
STREET ADDRESS	6400 IMPERIAL DR.	
CITY-ST-ZIP	WACO TX 76712	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LANDRY, MATT JR.	
STREET ADDRESS	6400 IMPERIAL DR.	
CITY-ST-ZIP	WACO TX 76712	
TITLE	TSVP	<input type="checkbox"/> DELETE
NAME	MCAIR, KATHY	
STREET ADDRESS	6400 IMPERIAL DRIVE	
CITY-ST-ZIP	WACO TX	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: Margie Ray REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97

Date

817-751-1750

Daytime Phone #

0607474

CR2E034 (9/96)