

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P08978 (9)**

1. Corporation Name  
**QSV PROPERTIES INC.**



Principal Place of Business: **5310 HARVEST HILL RD. STE 270 LB 168 DALLAS TX 75230 US**

Mailing Address: **5310 HARVEST HILL RD. STE. 2709 LB 168 DALLAS TX 75230 US**

2. Principal Place of Business: **5310 HARVEST HILL RD. STE. 2709 LB 168 DALLAS TX 75230 US**

2a. Mailing Address: **5310 HARVEST HILL RD. STE. 2709 LB 168 DALLAS TX 75230 US**

3. Date Incorporated or Qualified <b>02/05/1986</b>	3a. Date of Last Report <b>02/08/1995</b>
4. FEI Number <b>41-1541605</b>	Applied For No? Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.04(2) and 607.14(3), 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 Sections 607.04(3), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: <b>P</b> NAME: <b>STETSON, ROBERT</b> STREET ADDRESS: <b>5310 HARVEST HILL RD., STE 270 DALLAS TX</b> CITY, STATE, ZIP: <b>S</b> 2. TITLE: <b>S</b> NAME: <b>MARGOLIN, FRED</b> STREET ADDRESS: <b>5310 HARVEST HILL RD., STE 270 DALLAS TX</b> CITY, STATE, ZIP: <b>D</b> 3. TITLE: <b>D</b> NAME: <b>ROLPH, DAVID</b> STREET ADDRESS: <b>5310 HARVEST HILL RD., STE 270 DALLAS TX</b> CITY, STATE, ZIP: <b>Director</b> NAME: <b>Rolph Darrel</b> STREET ADDRESS: <b>5310 Harvest Hill Rd, #270 Dallas, TX</b> CITY, STATE, ZIP: <b>Director</b> NAME: <b>Gerald Graham</b> STREET ADDRESS: <b>5310 Harvest Hill Rd #270 Dallas, TX</b> CITY, STATE, ZIP: <b>Director</b> NAME: <b>Eugene Tapor</b> STREET ADDRESS: <b>5310 Harvest Hill Rd, #270 Dallas, TX</b>	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 7. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 8. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 10. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. CITY, STATE, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, and 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 attached list with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

214-387-1487

CR2E034 (12/95)