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Mar 04 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 # P26428 (3)

1. Corporation Name
ENRECO OF TEXAS, INC.



Principal Place of Business
724 SOUTH POLK STREET, SUITE 450
P.O. BOX 9838
AMARILLO TX 79101
US

Mailing Address
BOX 9838
P.O. BOX 9838
AMARILLO TX 79105-5838
US

3. Date Incorporated or Qualified 10/12/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	75-1898984	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes 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 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 *Herald Kosh* V.P. 2/14/97
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	PD	1.1 TITLE	D
NAME	MUSSER, DAVID T	1.2 NAME	CITARUS MASHBURN
STREET ADDRESS	724 SOUTH POLK ST., #450	1.3 STREET ADDRESS	724 SOUTH POLK ST., #450
CITY-ST-ZIP	AMARILLO TX 79101	1.4 CITY-ST-ZIP	AMARILLO, TX 79101
TITLE	VD	2.1 TITLE	D
NAME	DEGROOD, THOMAS J.	2.2 NAME	BABARA JONES
STREET ADDRESS	724 SOUTH POLK ST., #450	2.3 STREET ADDRESS	724 POLE SOUTH POLK ST., #450
CITY-ST-ZIP	AMARILLO TX 79101	2.4 CITY-ST-ZIP	AMARILLO, TX 79101
TITLE	TD	3.1 TITLE	
NAME	KOSLOW, GERALD	3.2 NAME	
STREET ADDRESS	724 S POLK ST #450	3.3 STREET ADDRESS	
CITY-ST-ZIP	AMARILLO TX 79101	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DALLUGE, JEFFREY M.	4.2 NAME	
STREET ADDRESS	724 SOUTH POLK ST., #450	4.3 STREET ADDRESS	
CITY-ST-ZIP	AMARILLO TX 79101	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SIMPSON, F. HOWARD	5.2 NAME	
STREET ADDRESS	724 SOUTH POLK ST., #450	5.3 STREET ADDRESS	
CITY-ST-ZIP	AMARILLO TX 79101	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	POOLE, JIM	6.2 NAME	
STREET ADDRESS	724 SOUTH POLK ST., #450	6.3 STREET ADDRESS	
CITY-ST-ZIP	AMARILLO TX 79101	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: *Herald Kosh* 2/14/97 (806)379-6424
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)