

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857185 (3)

1. Corporation Name
FISCHBACH PROPERTIES, INC.

Principal Place of Business 8760 S. ZUNI STREET ENGLEWOOD CO 80110 US	Mailing Address 2775 S VALLEJO ST ENGLEWOOD CO 80110 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2775 S. VALLEJO ST. Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/22/1983	
City & State 23 ENGLEWOOD CO		City & State 28		4. FEI Number 13-3136937 Applied For Not Applicable	
Zip 24 80110	Country 25	Zip 29	Country 30	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHADER, CHARLES R			12 NAME			
STREET ADDRESS	2775 S VALLEJO ST			13 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			14 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRONSTEIN, GLEN			2.2 NAME			
STREET ADDRESS	875 CENTRAL AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PROVIDENCE NJ			2.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUESTER, DAVID A			3.2 NAME			
STREET ADDRESS	2775 S VALLEJO ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO			3.4 CITY-ST-ZIP			
TITLE	A/S	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARNOLD, LORRAINE			4.2 NAME			
STREET ADDRESS	2700 S. ZUNI STREET			4.3 STREET ADDRESS	2775 So. VALLEJO ST.		
CITY-ST-ZIP	ENGLEWOOD CO 80110			4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80110		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	HAAS, LISA D.		
STREET ADDRESS				5.3 STREET ADDRESS	2775 SO. VALLEJO ST.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	ENGLEWOOD, CO 80110		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	GIORDANO, DOLORES C.		
STREET ADDRESS				6.3 STREET ADDRESS	675 CENTRAL AVENUE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	ENGLEWOOD, CO 80110		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Lorraine M. Arnold* **LORRAINE M. ARNOLD** 4/24/98

CR2E034 (10/97)