


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90003 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001368

1. Corporation Name

JRMK CO., INC.

Principal Place of Business

7935 E. PRENTICE AVE.
SUITE 400
ENGLEWOOD CO 80111

Mailing Address

7935 E. PRENTICE AVE.
SUITE 400
ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

4. FEI Number

84-1176982

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARAVITES, MILTON C	
STREET ADDRESS	7935 E. PRENTICE AVE. 4TH FLOOR	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	REED, JON W	
STREET ADDRESS	7935 E. PRENTICE AVE. 4TH FLOOR	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	PHILLIPS, SHAWN	
STREET ADDRESS	7935 E. PRENTICE AVE. 4TH FLOOR	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	ALSTON, JOY	
STREET ADDRESS	7935 E. PRENTICE AVE. 4TH FLOOR	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, MICHAEL	
STREET ADDRESS	7935 E. PRENTICE AVE. 4TH FLOOR	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Suite # 111
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Suite # 111
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Suite # 111
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 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:

Signature MICHAEL BURNS
SIGNATURE REQUIRED: PHILLIPS

6-30-99

(303) 771-5008

CR2E034 (5/99)

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