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FILED
Jan 24 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 # F95000005497 (1)

1. Corporation Name
DOVATRON INTERNATIONAL, INC.



Principal Place of Business: 5405 SPINE RD BOULDER CO 80301
Mailing Address: 5405 SPINE RD BOULDER CO 80301-3332

3. Date Incorporated or Qualified: 11/09/1995
3a. Date of Last Report: 05/09/1996

2. Principal Place of Business: 21 6273 Monarch Park Place
2a. Mailing Address: 26 6273 Monarch Park Place

4. FEI Number: 16-1318758
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 Suite 200
27 Suite 200

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Niwot Colorado
28 Niwot Colorado

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 80503
Country: 25 USA
29 80503
Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BUDACZ, RONALD R	
STREET ADDRESS	6273 MONARCH PARK PL., S TE 200	
CITY - ST - ZIP	NIWOT CO	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	VERTUCA, CARL R JR	
STREET ADDRESS	6273 MONARCH PARK PL., STE 200	
CITY - ST - ZIP	NIWOT CO	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	VERTUCA, CARL R JR	
STREET ADDRESS	6273 MONARCH PARK PL., STE 200	
CITY - ST - ZIP	NIWOT CO	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	SMACH, THOMAS J	
STREET ADDRESS	6273 MONARCH PARK PL., STE 200	
CITY - ST - ZIP	NIWOT CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SNYDER, RONALD R	
STREET ADDRESS	6273 MONARCH PARK PL., STE 200	
CITY - ST - ZIP	NIWOT CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PLICHTA, CARL A	
STREET ADDRESS	6273 MONARCH PARK PL., STE 200	
CITY - ST - ZIP	NIWOT CO	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" 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 included 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: Thomas J Smach Thomas J Smach 1/21/97 303-652-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)