

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P17089 (4)
 1. Corporation Name
FRANK M. HALL & CO.



Principal Place of Business: **5325 S. VALENTIA WAY, S-120 ENGLEWOOD CO 80111**
 Mailing Address: **5325 S. VALENTIA WAY, S-120 ENGLEWOOD CO 80111**

3. Date Incorporated or Qualified: **12/07/1987**
 3a. Date of Last Report: **05/23/1995**
 4. FEI Number: **84-0681758**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (26-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-84) and Zip Code (85): **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.509, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	HALL, FRANK M.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6003 S BELLEAIRE WAY	1.2 NAME:	
STREET ADDRESS:	ENGLEWOOD CO	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: SD	HALL, DIANNA K.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6003 S BELLEAIRE WAY	2.2 NAME:	
STREET ADDRESS:	ENGLEWOOD CO	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: VP	MATLUCCI, ROBERT J.	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	9605 S CHERRYVALE DR	3.2 NAME:	
STREET ADDRESS:	HIGHLANDS RANCH CO	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: VP	HANKINS-HARRISON, C	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	7702 HAMPTON COVE	4.2 NAME:	
STREET ADDRESS:	JONESBORO GA	4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: T	FRANCIS, H. JAMES	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	8360 WEBSTER	5.2 NAME:	
STREET ADDRESS:	ARVADA CO	5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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)(b), 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 corrected) in an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF RECEIVING OFFICER OR DIRECTOR

4-23-96 (303) 694-0104

CR2E034 (12/95)