

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
32399-0001

APPROVED  
1995

DOCUMENT # **P23136** (5)

95 MAY -1 11:10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED ARTISTS PROPERTIES II CORP.

1. Principal Office Address		2a. Mailing Address		3. Date of Incorporation (Organization)		3a. Date of Last Report	
9110 E. NICHOLS AVE. SUITE 200 ENGLEWOOD CO 80112 US		9110 E. NICHOLS AVE. SUITE 200 ENGLEWOOD CO 80112 US		02/24/1989		05/01/1994	
2. Principal Office Telephone	2a. Mailing Address	4. FEI Number		Applied For			
21	25	84-1106064		Not Applicable			
22. State of Inception		27. Date of Inception		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>			
23. State		28. Date		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24		29		Trust Fund Contributions		<input type="checkbox"/>	
25		30		8. This corporation has liability for intangible tax under § 19B.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DATE IN WRITING IN THIS SPACE

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 191.01 and 191.02, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office to the preferred agent of faith in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 191.02, Florida Statutes.

SIGNATURE: \_\_\_\_\_ OFFICE OF THE SECRETARY OF STATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	VS HARDY, RALPH E. 9110 E. NICHOLS AVE. ENGELWVO CO	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD WARZEL, PETER 9110 E. NICHOLS AVE. ENGLEWOOD CO	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	CD BLAIR, STEWART D. 9110 E. NICHOLS AVE. ENGLEWOOD CO	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	TVD HALL, KURT C 9110 E. NICHOLS AVE. ENGLEWOOD CO	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP	V CLEVELAND, HAL 9110 E. NICHOLS AVE. ENGLEWOOD CO	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V KOETS, STEVEN J. 9110 E. NICHOLS AVE. ENGLEWOOD CO	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is true and correct, and that the information submitted on this annual report or supplemental annual report is true and accurate, and that the signatory shall have the same legal effect as if made under oath. If at any time after the filing of this report or the signatory shall discover the report is required by Chapter 441.12, Florida Statutes, and that any change appears in Block 12 or Block 13, I shall report the same to the Secretary of State.

SIGNATURE: STEVEN J. KOETS  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 303/792-3600