		AFTER MAY 1 I	S \$225.UU		
CORF ANNU	PROFIT PORATION AL REPORT 1996	Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUN 1. Corporation	MENT # V1058	34 (3)			
Principal Place 5686 S GALE ENGLEWOOD US	ena st	Mailing Address 5686 S GALENA ST ENGLEWOO CO 80111 US			
				3. Date Incorporated or Qualified 3a. D	Date of Last Report 03/23/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0315207	Applied For Not Applicable
Suite, Apt. #	V, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	7φ 29	Gountry 30	This corporation has liability for intangible Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	ASSOCIATES TAX ACCT		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	NELLINGTON TRACE / STE - D PALM BEACH FL 33414))	83		
			84 City		85 Zip Code
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	02 and 607,1508, Florida Statuti rida. Such change was authoriz ction 607,0505, Florida Statutes	es, the above-named corpo ed by the corporation's bo	oration submits this statement for the purpose of ard of directors. I hereby accept the appointment	—
SIGNATURE .					
12.	Signature, typed or printed name of registrand age OFFICERS AI	VD DIRECTORS	TE Registered Agent signature, requi	ad when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1. 1 TALE		Change Addition
NAME	SAYLER, ROLIN A.		1.2 NAME		
STREET ADDRESS	5686 S GALENA STR		1.3 STREET ADORESS		
CITY-ST-ZIP	ENGLEWOOD CO	ET MORE THE	1.4 CITY - S1 - ZIP		Change C Addition
TITLE		DELETE	2 1 TIFLE		Change Addition
NAME PIDELT ADDOLOG			2.2 NAME		
STREET ADDRESS C/TY-ST-ZIP			2.3 STREET ADDRESS 2.4 C/TY+ST-ZIP		
TITLE	<u> </u>	DELETE	3.1 TILLE		Change Addition
NAME		·	3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		[] DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	1		4.4 CITY - ST - ZIP		

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. 16 ohereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal 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 11 if changed, of on an anti-chiment with an address.

SIGNATURE:

SIGNATURE:

District And Typed or PRINTED NAME of JUSTING OFFICER OR DIRECTOR

District And Typed Or PRINTED NAME of JUSTING OFFICER OR DIRECTOR

5. 1 TITLE

5 2 NAME

6 1 TITLE 6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(TY - S1 - 2(P

24

TITLE NAME

TITLE

STREE1 ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change Addition

Change

Addition