

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P93000006443 (4)

1. Corporation Name
2235 ASSOCIATES, INC.

Principal Place of Business

1201 16TH ST.
#105
DENVER CO 80202

Mailing Address

% JOHN SABISTON
P.O. BOX 297
FT. MYERS FL 33902-0297

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 01/22/1993 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0415078 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

COSTELLO, JAMES M
C/O AVERY, WHIGHAM & WINESETT, P.A
2248 FIRST ST
FORT MYERS FL 33901

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 D ☐ DELETE

NAME CALDIERO, DAVID
STREET ADDRESS 5880 S. GOLDSMITH PLACE
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE D ☐ DELETE

NAME MARCUS, BRIAN
STREET ADDRESS 2 HITZ PLACE
CITY-ST-ZIP HICKSVILLE NY 11801

TITLE D ☐ DELETE

NAME SABISTON, JOHN
STREET ADDRESS 3480 HANCOCK BRIDGE PKWY.
CITY-ST-ZIP FT. MYERS FL 33903

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME CALDIERO, DAVID
1.3 STREET ADDRESS 2640 East 3rd Avenue
1.4 CITY-ST-ZIP Denver, CO 80206

2.1 TITLE T/D ☒ Change ☐ Addition

2.2 NAME MARCUS, BRIAN
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/S/D ☒ Change ☐ Addition

3.2 NAME SABISTON, JOHN
3.3 STREET ADDRESS 3480 Hancock Bridge Pkwy
3.4 CITY-ST-ZIP North Fort Myers, FL 33903

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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]* 5/12/97

CR2E034 (9/96)

5/12/97

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5/10/97

BT dep 165.00