

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

**FILED**  
 May 14 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 # 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**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CALDIERO, DAVID</b>	
STREET ADDRESS	<b>5880 S. GOLDSMITH PLACE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, BRIAN</b>	
STREET ADDRESS	<b>2 HITZ PLACE</b>	
CITY-ST-ZIP	<b>HICKSVILLE NY 11801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SABISTON, JOHN</b>	
STREET ADDRESS	<b>3480 HANCOCK BRIDGE PKWY.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33903</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CALDIERO, DAVID</b>	
1.3 STREET ADDRESS	<b>2640 East 3rd Avenue</b>	
1.4 CITY-ST-ZIP	<b>Denver, CO 80206</b>	
2.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARCUS, BRIAN</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>V/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SABISTON, JOHN</b>	
3.3 STREET ADDRESS	<b>3480 Hancock Bridge Pkwy</b>	
3.4 CITY-ST-ZIP	<b>North Fort Myers, Fl. 33903</b>	
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		

OS 4  
 5/10/97  
 BK dep 165.00

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 \_\_\_\_\_

CR2E034 (9/96)

5/12/97