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

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90091 002 \*\*\*150.00

Corporatio	MENT # P11269 SAVER COMPANY, INC.	!			
Principal Plac	e of Business	Mailing Address			4 INBINERA 10% HARDA TARAN BARAN 1940
5870 EAST 56TH AVENUE PO BOX 16465					
COMMERCE CITY CO 80022 DENVER CO 80216-0465					1
บร		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					08/28/1986
Principal Place of Business     Za. Mailing Address			-		4. FEI Number Applied For
21 26					84-0504838   Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired
27					Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zìp	Country	/	8. This corporation owes the current year Intangible
24	25		30		Personal Property Tax. A Yes No
	9. Name and Address of Curren	t Registered Agent		1-:	10. Name and Address of New Registered Agent
O.T.	CODDODATION OVOTEM		81	Name	nė
	C T CORPORATION SYSTEM				et Address (P.O. Box Number is Not Acceptable)
	1200 S. PINE ISLAND RD.			<u> </u>	
PLANTATION FL 33324			83		
			84	City	85 Zip Code
			0.	City	FL [83]
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corp	ed corporation submits this statement for the purpose of changing its registered progration's board of directors. I hereby accept the appointment as registered
78	Signature, typed or printed name of registered ager			nt signature i	re required when reinstating)  DATE  DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLIFER, WILLIAM J III		1.2 NAME		
STREET ADDRESS	5701 EAST STANFORD DRIVE		1.3 STREE	TADORESS	SS
CITY-ST-ZIP_	ENGLEWOOD CO		1.4 CITY-S	T-ZIP	
TITLE	∤ ST	☐ DELETE	2.1 TITLE		S, T, V, D \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
NAME	D'AMATO, SHIRLEEN K.		2.2 NAME		
STREET ADDRESS	324 BOWLINE CT.		2.3 STREE	TADDRESS	ss
CITY-ST-ZIP	FT. COLLINS CO		2.4 CITY-5	ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SLIFER, W. JAY		3.2 NAME		
STREET ADDRESS	EO BURNIOT OT		3.3 STREE	T ADDRESS	ss
CITY-ST-ZIP	DENVER CO		3.4. CITY-5		
TITLE	D	X DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SLIFER, HELEN		4, 2 NAME		
STREET ADDRESS	50 IVANHOE ST.			TADDRESS	22
CITY-ST-ZIP	DENVER CO		4.4 C/TY-S		
TITLE	DEIVIEN CO	☐ DELETE	5.1 TITLE	··Lir	☐ Change ☐ Addition
NAME		<u>_</u>	5.2 NAME	1	
STREET ADDRESS			5.3 STREE	ADDRESS	ss
i			5.4 CITY-S		
CITY-ST-ZIP	<del></del>	DELETE	6.1 TITLE	. 417	Change Addition
TITLE		C) DECE 16	6.2 NAME		☐ Change ☐ Addition
NAME					
STREET ADDRESS			1	TADDRESS '	200
CITY_ST_7ID			6.4 CITY-S	I-ZIP	ş I

14. I 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 port 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 received by the secure 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SEPICER OR DIRECTOR Shirleen K. D'Amato

SIGNATURE:

1/11/99

(303) 289-1818