

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

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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 408428

1. Corporation Name
LIFEFLEET SOUTHEAST, INC.



Principal Place of Business
 2821 S PARKER RD
 10TH FLOOR
 AURORA CO 80014
 US

Mailing Address
 2821 S PARKER RD
 10TH FLOOR
 AURORA CO 80014
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	07/15/1973	59-1395439	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input checked="" type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESTER, JOHN	1.2 NAME	John Grainger
STREET ADDRESS	1850 PARKWAY PLACE #810	1.3 STREET ADDRESS	3221 N. Service Road
CITY-ST-ZIP	MARIETTA GA 30060	1.4 CITY-ST-ZIP	Burlington, ON CANADA L7R3Y8
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESTER, JOHN	2.2 NAME	Trace Skeen
STREET ADDRESS	1850 PARKWAY PLACE, #810	2.3 STREET ADDRESS	1850 Parkway Place, #810
CITY-ST-ZIP	MARIETTA GA 30060	2.4 CITY-ST-ZIP	Marietta, GA 30067
TITLE	SV <input type="checkbox"/> DELETE	3.1 TITLE	V/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILER, ROBERT	3.2 NAME	Robert Siler
STREET ADDRESS	12490 ULMERTON ROAD	3.3 STREET ADDRESS	12490 Ulmerton Road
CITY-ST-ZIP	LARGO FL 33774	3.4 CITY-ST-ZIP	Largo, FL 33774
TITLE	VAT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/AS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, PAUL	4.2 NAME	Joshua T. Gaines
STREET ADDRESS	12490 ULMERTON ROAD	4.3 STREET ADDRESS	2821 S. Parker Road, 10th Fl.
CITY-ST-ZIP	LARGO FL 33774	4.4 CITY-ST-ZIP	Aurora, CO 80014
TITLE	VAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, ROBERT T	5.2 NAME	Gino Porazzo
STREET ADDRESS	2821 S PARKER RD, 10TH FLOOR	5.3 STREET ADDRESS	2821 S. Parker Road, 3rd Fl.
CITY-ST-ZIP	AURORA CO 80014	5.4 CITY-ST-ZIP	Aurora, CO 80014
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINES, JOSHUA T	6.2 NAME	Susan Whittaker
STREET ADDRESS	2821 S PARKER RD, 10TH FLOOR	6.3 STREET ADDRESS	669 Airport Freeway, #400
CITY-ST-ZIP	AURORA CO 80014	6.4 CITY-ST-ZIP	Hurst, TX 76053

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 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, with all other like empowered.

SIGNATURE: _____ Date: 4/21/99 Daytime Phone #: (303) 614-8500

CR2E034 (11/98)