

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 512588 (5)
1. Corporation Name
MARGATE VIDEO SYSTEMS, INC.



Principal Place of Business	Mailing Address
5619 DTC PARKWAY 6TH FLOOR ENGLEWOOD CO 80111	P.O. BOX 5630 TAX DEPT. DENVER CO 80217-5630

3. Date Incorporated or Qualified 09/17/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1693369	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 TAX DEPT	27
23 City & State	28 City & State
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBERINI, THOMAS R.	1.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	1.4 CITY-ST-ZIP	
TITLE	COB <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, BARRY P.	2.2 NAME	BLAYLOCK, GARY
STREET ADDRESS	5619 DTC PARKWAY	2.3 STREET ADDRESS	5619 DTC PARKWAY
CITY-ST-ZIP	ENGLEWOOD CO 80111	2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BRETT, STEPHEN M.	3.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, GARY S.	4.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOKIN, NOLAN	5.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	
TITLE	AV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSEY, GREG	6.2 NAME	
STREET ADDRESS	5619 DTC PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80111	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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BLAYLOCK

Date

4/25/97

303-267-5500

Daytime Phone #

0496712

CR2E034 (9/96)