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

· Corporatio	MENT # 561912 OM OF DADE COUNTY, INC	<u>,</u>			ļ						
OLITA	ON OF BABE GOOM IT ME	•								HINN A	1 1) 1000 (11)
Principal Plac				#6 0 							
Principal Place of Business Mailing Address 290 HARBOR DR C/O TWC TAX DEPT.											
STAMFORD CT		PO BOX 6700									
US		ENGLEWOOD CO 80155-67	00					TE IN THIS	SPACE		
					Ì	3. Date incorporated	or Qualifed				
2. Principal P	lace of Business	2a. Mailing Address				03/13/1978 4. FEI Number				Anr	olied For
21	1200 01 22011000	26 40 TWC -	Tap 7) nd	.	23-2060410				- ' '	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- J	ay i					\$8.7		dditional
22		27 P.O Bop (2659	3		5. Certifcate of Status	Desired		Fe	e Rec	quired
City & Stat	te	City & State				6. Election Campaign	Financing		\$5.	.00	May Be
23		28 Englewoo		•		Trust Fund Contrib	ution		Adr	ded to	Fees
Zip	Country	Zip 1	Country			8. This corporation ov		rent year in			mt.
24	25	29 BOISS-(0459	30 ALC	<u>r pah</u>	or	Personal Property			Yes		XINo
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Addres	s of New I	kegisterea	Agent		
CT (CORPORATION SYSTEM		"	Ivaille							
1200 S. PINE ISLAND ROAD			82	Street	Address	s (P.O. Box Number is	Not Accept	able)	_		
	NTATION FL 33324		83		· · · · · · · · · · · · · · · · · · ·						
			84	City				FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statuti	es, the above	a-named	corpora	tion submits this staten	nent for the	purpose of	changin	g its r	registered
office or r	registered agent, or both, in the State of	if Florida. Such change was a	uthorized by	the corpo	oration's	s board of directors. I h	ereby acce	ot the appo	intment a	is reg	istered
- 0	im lamiliar with, and accept the obligati	ons or, Section 607.0505, Flo	nua Statutes	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agen	t signature r	required wh	nen reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS	13.	_		ADDITIONS/CHANG	SES TO OF	FICERS AN	10 DIRE	CTOF	RS IN 12
TITLE	P/D	☐ DELETE	1.1 TITLE	1.1 TITLE					Cha	nge	Addition
NAME	HAJE, PETER		1.2 NAME		ļ						
STREET ADDRESS	75 ROCKEFELLER PLAZA		1.3 STREET	ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST	1.4 CITY-ST-ZIP							
TITLE	V/D	☐ DELETE	2.1 TITLE						Cha	nge	☐ Addition
NAME	BRESSLER, RICHARD J.		2.2 NAME								
STREET ADDRESS	75 ROCKEFELLER PLAZA		2.3 STREET	ADDRESS							
CITY-ST-ZIP	NEW YORK NY 10019		_	2.4 CITY-ST-ZIP				-			
TITLE	V/D	☐ DELETE	3.1 TITLE						Cha	nge	Addition
NAME	HAYS, SPENCER B.		3.2 NAME								
STREET ADDRESS			3.3 STREET]						
CITY-ST-ZIP	NEW YORK NY 10019	☐ DELETE	3.4. CITY-S	T-ZIP	V				(K) Cha	000	Addition
TITLE	V	□ ∩cresc	4.1 TITLE		Aug	man Gaill			VA Cila	ıye	Addition
NAME	Allaman, Gail L. 5680 Greenwood Plaza Blv	n	4. 2 NAME 4.3 STREET		11-0	Inverness T)ez v 8.				
STREET ADDRESS	ENGLEWOOD CO 80111	υ.						(211.2			
CITY-ST-ZIP TITLE	AT	☐ DELETE	5.1 TYPLE	- 211	7-4-	glewood, lo	· 0	UII A	NY Char	nae	Addition
NAME	KARAS, MARK L		5.2 NAME		ikar	us, merk L			<u></u> , 5,,0,	- 0 -	
STREET ADDRESS	5680 GREENWOOD PLAZA BLV	n	5.3 STREET	ADDRESS		Inverses	Drive				
CITY-ST-ZIP	ENGLEWOOD CO 80111	•	5.4 CiTY-S1	1			-	7 <i>0</i> 64.2			
TITLE	V	☐ DELETE	6.1 TITLE		V	rewood, co		- 	Chai	nge	Addition
NAME	CHRISTIE, WARREN A.		6.2 NAME			ristie, Warrel	л A			-	
STREET ADDRESS	1271 AVENUE OF THE AMERICA	AS	6.3 STREET	ADDRESS		Rocke feller					

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 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 of the naddress, with all other like empowered.

SIGNATURE:

ASSI-Treasurer 4/27/99 303-799-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSI-Treasurer 4/27/99 303-799-1200
Date

May 07, 1999 8:00 am Secretary of State

05-07-1999 90076 008 ***150.00