

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 571365 (6)

1. Corporation Name

TCI TKR OF SOUTH DADE, INC.



Principal Place of Business

5619 DTC PARKWAY  
TAX DEPT.  
ENGLEWOOD CO 80111  
US

Mailing Address

P.O. BOX 5630  
TAX DEPT.  
DENVER CO 80217  
US

2. Principal Place of Business

2a. Mailing Address:

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/09/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1895795

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
MARSHALL, BARRY P  
5619 DTC PARKWAY  
ENGLEWOOD CO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
BRACKEN, GARY K  
5619 DTC PARKWAY  
ENGLEWOOD CO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS  
BRETT, STEPHEN M  
5619 DTC PARKWAY  
ENGLEWOOD CO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS  
DAVIS, TERREL E  
5619 DTC PARKWAY  
ENGLEWOOD CO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VT  
SCHOTTERS, II B W.  
5619 DTC PARKWAY  
ENGLEWOOD CO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AVP  
HALSEY, GREG  
5619 DTC PARKWAY  
ENGLEWOOD CO

☐ DELETE

☒ DELETE

☐ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

C/D

☒ Change

☐ Addition

P/D

THOMAS R. BARBERINI

2204 LAKE SHORE DR., STE. 325

BIRMINGHAM, AL 35209

☒ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Halsey  
Assistant Vice President

4/25/96

(303) 267-5500

Date

Daytime Phone #

CR2E034 (12/95)