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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 80217-5630
US

3. Date Incorporated or Qualified

05/09/1978

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1895795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, BARRY P	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARBERINI, THOMAS R.	
STREET ADDRESS	2204 LAKE SHORE DR SUITE 325	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BETT, STEPHEN M.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SCHOTTERS, II B W.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	HALSEY, GREG	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BLAYLOCK, GARY
6.3 STREET ADDRESS	5619 DTC PARKWAY
6.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111

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 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

GARY BLAYLOCK

Date

303-267-5500

CR2E034 (9/96)