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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	571	365
Corporation Name	O' '	

TCI TKR OF SOUTH DADE, INC.

							T TRACAL BLILL (BOOK SIDER LILLU BILDL BILL BILL BILL		OLINI I OLINI OLINI LANI	
Principal Place of Business Mailing Address						- I BRIST BUINT LEBRY STEED WIND BITCH STILL BURN BURN BURN BURN BURN BURN BURN BURN				
5619 DTC PARKWAY P.O. BOX 5630 TAX DEPT. ENGLEWOOD CO 80111 DENVER CO 80217					DO NOT WRITE IN THIS SPACE					
US US		· · · · · · · · · · · · · · · · · · ·	, <u> </u>		3. Date Incorporated or Qualifed					
						(05/09/1978			
2. Principal Place	of Business	2a. Mailing Address				4.	FEI Number		Applied For	
21		26) !	59-1895795		Not Applicable	
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.	_				Certificate of Status Desired		75 Additional ee Required	
City & State		City & State		-		- 1	Election Campaign Financing Trust Fund Contribution	,	.00 May Be Ided to Fees	
Zip	Country 25	Zip 29	Co.	intry		- 1	This corporation owes the current year in Personial Property Tax.	ntangible [X] Yes		
9. Name and Address of Current Registered Agent						10.	Name and Address of New Registered	d Agent		
THE DOS	CATTOR HALL CORDODAT	ION CYCTEM INC		81	Name					
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST			82	Street Addr	ress (P.	O. Bo> Number is Not Acceptable)				
SUITE 105 TALLAHASSEE FL 32301				83						
				84	City		F	L 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 na ne of registered agent and title if app	ilicable. (NOT E. I	Registered Agent signature requ		DATE	
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	$\overline{}$
TITLE	PD	DELETE	1.1 TITLE	P/D	Change	X Addition
NAME	BARBERINI, THOMAS R.		1.2 NAME	BARTOLOTTA, CHARLES		
STREET ADDRE 3S	2204 LAKE SHORE DR SUITE 325		1.3 STREET ADDRESS	5619 DTC PARKWAY		
CITY-\$1-ZIP	BIRMINGHAM AL		1.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111		
TITLE	VS	☐ DELETE	2.1 TITLE	V/AS	🔼 Change	Addition
NAME	Brett, Stephen M		2.2 NAME			
STREET ADDRESS	5619 DTC PARKWAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO		2. 4 CITY-ST-ZIP			
TITLE	VT	☐ DELETE	3.1 TITLE	V/AT	_ XChange	Addition
NAME	SCHOTTERS, II B W.		3.2 NAME			
STREET ADORE IS	5619 DTC PARKWAY		3.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO		3.4. CITY-ST-ZIP			
TITLE	AV	□X DELETE	4.1 TITLE	S	Change	X Addition
NAME	BLAYLOCK, GARY		4, 2 NAME	HAYES, MARK S.		
STREET ADORESS	5619 DTC PARKWAY		4.3 STREET ADDRESS	5619 DTC PARKWAY		
CITY-ST-ZIP	ENGLEWOOD CO	<u>-</u>	4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111		
TITLE	AV	☐ DELETĘ	5.1 TITLE		☐ Change	☐ Addition
NAME	GOOKIN, NOLAN D		5.2 NAME			ļ
STREET ADDRESS	5619 DTC PKWY		5.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO 80111		5.4 CITY-ST-ZIP			
TITLE	D	X DELETE	61 TITLE	D	☐ Change	★ Addition
NAME	JONES, MARVIN		6.2 NAME	FITZGERLAD, WILLIAM R.		
STREET ADDRESS	5619 DTC PKWY		6.3 STREET ADDRESS	5619 DTC PARKWAY		
CITY-ST-ZIP	ENGLEWOOD CO 80111		6.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111	416 41 4 41 4	f tion

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 truetory are of the corporation or the receiver or truetory are truetory. Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lolan D. Gookin SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT VICE President 3/2:/99

Daytime Phone #