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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

590122

(8)

PARKI	ANN	CARL	FVISION	INC

PARKI	Land Ca	BLEVISION, INC.						1 (8 113) 3 (11 6 (5 (1) 86) 6((111) 8 (16)	r (1884 - Ú tális Álsáis Asás	I B1616.1	
Principal Place	of Business	i	Mailing Address					1 IODIOI OILIO IOLE DOIDI 11810 41011			
5619 DTC P			P.O. BOX 5630								
6TH FLOOR ENGLEWOO			tax dept. Denver co 80;	217-5630							
US			US					3. Date Incorporated or Qualified	3a. Date of La		
2. Principal Pl	lace of Busin	ACC	2a, Mailing Addres					10/17/1978 4. FEI Number	05/01		plied For
21	icios of basis	000	26	3				59-1874114	}		ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, e	lc.					\$8		Additional
22			27					5. Certificate of Status Desired			equired
City & State	e		City & State				ļ	6. Election Campaign Financing			May Be
Zip	•••	Country	Zip	Cour	ntrv			Trust Fund Contribution 8. This corporation has liability for in			to Fees
24		25	29	30	11. y			Florida Statutes Yes		61 S I	89.032,
, ,	9. Name	and Address of Curren			•		L	10. Name and Address of New R		<u></u>	
					81	Name					
		ALL CORPORATION S	YSTEM, INC.	-	82	Street A	ddress	(P.O. Box Number is Not Acceptable	le)	• • • • • • • • • • • • • • • • • • • •	
	IAYS STRE	ET			83						
SUITE		00004			63						
IALLAr	HASSEE FL	. 32301			84	City			FL 85	Ζp	Code
11. Pursuant	to the provis	ions of Sections 607.0502	and 607.1508, Florida	Statutes, the abo	ve-n	amed cor	poratio	n submits this statement for the purp		its re	gistered office
or register familiar w	rea agent, or ith, and acce	poth, in the State of Floric pt the obligations of, Secti	da. Such change was at ion 607.0505, Florida St	thorized by the c atutes.	orpo	oration's b	oard o	n submits this statement for the purp f directors. I hereby accept the appo	pintment as regist	ered a	igent. Lam
SIGNATURE											
	Signature, typed	or printed name of registered agent	,	(NOTE: Registered	Agent	signature req	uired whe		DATE	OTOE	0 11 10
12. TITLE	COBD	OFFICERS AND	DELET	13.	n e	——-т		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE		S IN 12 Addition
NAME		HALL, BARRY P		1.2 NA		1				· igc	
STREET ADDRESS		TC PARKWAY				ADDRESS					
CITY-ST-ZIP		WOOD CO 80111		1.4 CII		1					
TITLE	PD		DELETI						☐ Cha	nge	Addition
NAME	BARBE	RINI, THOMAS R		2.2 NA	MĒ						
STREET ADDRESS		TC PARKWAY		23\$1	REET.	ADDRESS					
CITY-ST-ZIP		WOOD CO 80111		2.4 01	Y-51		17K****				
TITLE	VAS	ATEMIEN	☐ DELETI				VP/S		[C] Cha	nge	Addition
NAME OFFICE ADDRESS		, STEPHEN M		3.2 NA							
STREET ADDRESS		OTC PARKWAY				ADDRESS					
CITY-ST-ZIP TITLE	AVP	WOOD CO 80111	[] DELET	3.4 Cr 4. 1 Ti		- ZIP			[] Cha	nne	☐ Addition
NAME		IN, NOLAN		4.2 NA					FT 0118	· ·go	
STREET ADDRESS		OTC PARKWAY				ADDRESS					
CITY-ST-ZIP		WOOD CO 80111		4.4 Cr							
TITLE	AVP		DELET						☐ Cha	inge	Addition
NAME		Y, GREG		5.2 NA	ME						
STREET ADDRESS		OTC PARKWAY		5.3 ST	REET	ADDRESS					
CITY-ST-ZIP	ENGLE	WOOD CO 80111	51.51 E 18 A	5.4 C/	Y-\$1						
TITLE	VP		DELETI	6. 1 TI	TLE	1	V/T		X Cha	nge	Addition
NAME		iters, bernard w i	¥I	6 2 NA	ME		BERN	ARD W. SCHOTTERS, II.			
STREET ADDRESS		TC PARKWAY		6 3 ST	REET	ADDRESS					
CITY-ST-ZIP	ENGLE	WOOD CO 80111	with the flies is not at a	64 CF			6 . 6	on automation atotal in On-Maria 220	07/0/13 5: 11 5		- 16 -41
14, TOO HERE	oy deniny tina:	сть плотнавон supplied V	wio rats illing is voluntari	iy turnisheo aho (JUGS	s not quali	iy iQF U	ne exemption stated in Section 119.	urisiiki, Fiorida S	raiute	s. i turtn e r

Ido hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this armual report or supplemental armual 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.

Greg Halsey

Assistant Vice President

Bignature and PED on Printed Where of Signing Officer on Bignature and Chapter 607 (303) 267-5500

SIGNATURE: