

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90104 012 \*\*\*150.00

0644067

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 844753

1. Corporation Name

AMERICAN FRONTIER FINANCIAL CORPORATION

Principal Place of Business

ONE NORWEST CENTER  
1700 LINCOLN CENTER 32ND FLOOR  
DENVER CO 80203  
US

Mailing Address

ONE NORWEST CENTER  
1700 LINCOLN ST 32ND FLOOR  
DENVER CO 80203  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1979

4. FEI Number

84-0678189

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

COOPER, GARY L. GARY L. COOK \* Typo.  
625 N FLAGLER DR, SUITE 625  
WPB FL 33401

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE VS  
NAME COOK, GARY  
STREET ADDRESS ONE NORWEST CTR., 1700 LINCOLN ST., 32 FL  
CITY-ST-ZIP DENVER CO

TITLE PD ☒ DELETE

NAME FITZNER, ROBERT A, JR  
STREET ADDRESS ONE NORWEST CTR., 1700 LINCOLN, 32, FL.  
CITY-ST-ZIP DENVER CO

TITLE VT ☐ DELETE

NAME COOK, GARY  
STREET ADDRESS ONE NORWEST CTR., 1700 LINCOLN, 32ND FLR.  
CITY-ST-ZIP DENVER CO

TITLE ☐ DELETE

NAME Robert H. Trapp.  
STREET ADDRESS 1700 Lincoln St. #3200  
CITY-ST-ZIP Denver, CO 80203

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)