


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

FILED

May 06 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 # 847085 1. Corporation Name MEDI-DYN, INC.																																																																																															
Principal Place of Business 8400 E. Prentice Ave. #820 Englewood, CO 80111			Mailing Address 8400 E. Prentice Ave #820 Englewood, CO 80111																																																																																												
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 9/29/80 3a. Date of Last Report 4/10/96 4. FEI Number 73-1075812 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																											
9. Name and Address of Current Registered Agent S. TIMOTHY DAVIS 2880 N WICKHAM RD #713 MELBOURNE FL 32935			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																																																																															
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%;">DELETE</td> </tr> <tr> <td></td> <td>DP BROWN, SCOTT C</td> <td>8967 SO GREEN MEADOWS LANE</td> <td>LITTLETON CO 80126</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>D BROWN, LARRY M.</td> <td>4505 SO YOSEMITE #108</td> <td>DENVER, CO 80237</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>T BROWN, KEITH C.</td> <td>5648 S GENEVA ST</td> <td>ENGLEWOOD CO 80111</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>DSVP LAKE, NANCY J.</td> <td>1475 SO QUEBEC WAY #18</td> <td>DENVER, CO 80231</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE		DP BROWN, SCOTT C	8967 SO GREEN MEADOWS LANE	LITTLETON CO 80126	<input type="checkbox"/>		D BROWN, LARRY M.	4505 SO YOSEMITE #108	DENVER, CO 80237	<input type="checkbox"/>		T BROWN, KEITH C.	5648 S GENEVA ST	ENGLEWOOD CO 80111	<input type="checkbox"/>		DSVP LAKE, NANCY J.	1475 SO QUEBEC WAY #18	DENVER, CO 80231	<input type="checkbox"/>					<input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">11 TITLE</td> <td style="width:40%;">12 NAME</td> <td style="width:10%;">13 STREET ADDRESS</td> <td style="width:10%;">14 CITY-ST-ZIP</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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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.			SIGNATURE: <i>Nancy J. Lake</i> Nancy J. Lake 4/28/97 303-773-6441 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																												

CR2E034 (9/96)