

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001374 (8)

1. Corporation Name

RIFKIN/MIAMI MANAGEMENT CORP.

Principal Place of Business

**360 SOUTH MONROE STREET, SUITE 600
DENVER CO 80209**

Mailing Address

**360 SOUTH MONROE STREET, SUITE 600
DENVER CO 80209**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1993

3a. Date of Last Report

06/24/1994

4. FEI Number

84-1080792

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTCD**
NAME **RIFKIN, MONROE M**
STREET ADDRESS **360 SOUTH MONROE STREET, SUITE 600**
CITY - ST - ZIP **DENVER CO 80209**

TITLE **V**
NAME **WAGNER, DALE D**
STREET ADDRESS **360 SOUTH MONROE STREET, SUITE 600**
CITY - ST - ZIP **DENVER CO 80209**

TITLE **S**
NAME **SELTZER, ROGER A**
STREET ADDRESS **360 SOUTH MONROE STREET, SUITE 600**
CITY - ST - ZIP **DENVER CO 80209**

TITLE **VAS**
NAME **MORRIS, CHARLES R III**
STREET ADDRESS **360 SOUTH MONROE STREET, SUITE 600**
CITY - ST - ZIP **DENVER CO 80209**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **BENNIS, JEFFREY D.**
1.3 STREET ADDRESS **360 SOUTH MONROE STREET, SUITE 600**
1.4 CITY - ST - ZIP **DENVER, CO 80209**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **HATTRUP, STEPHEN E.**
2.3 STREET ADDRESS **360 SOUTH MONROE STREET, SUITE 600**
2.4 CITY - ST - ZIP **DENVER, CO 80209**

3.1 TITLE **AS** ☐ Change ☒ Addition
3.2 NAME **MAUN, LUCILLE A.**
3.3 STREET ADDRESS **360 SOUTH MONROE STREET, SUITE 600**
3.4 CITY - ST - ZIP **DENVER, CO 80209**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dale D. Wagner, Vice-President, 3/24/95 (303) 333-1215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Page 2