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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

** OO DO MUNICIPALITY	MENT # F930(00005318 (1)				
POLO	FLORIDA CORP.				E ARRIVAR SING ARIGA BARIN BRANI AN	i i di da da i da i da da da da i da i	e le n e men man man
Principal Place	of Divisions						
		Mailing Address		ļ			
DENVER CO	Warren avenue) 80222	88 STEELE STREET 40	ſ				
		DENVER CO 80206		-	9 0-1-1	18:	
		US			3. Date Incorporated or Qualified 11/22/1993	3a. Date of t	Last Report 31/1995
	ace of Business	2a. Mailing Address			4. FEI Number	1 01/0	Applied Fo
188 Sta	eele Street	26			84-1248750		Not Applie
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	<u>г</u> \$	8.75 Addition
Suite Oity & State	400	27 Suite HI	00				Fee Required
Deni	Δ.	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
^{Zp} 8020	Country	Ζιρ 29	Country		8. This corporation has liability for		
, po oci	9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes Yes 10. Name and Address of New I	S No	
		g.o.o.o.o.g.o.o.	81 Na	ıme	IO. INGINE AND AUDIESS OF NEW I	undistated Wile	<u> </u>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82 St	oot Addroop	(D.O. Dou Nimber is Not describe	-1-1	
			62 50	Street Address (P.O. Box Number is Not Acceptable)			
PLANTA	ATION FL 33324		83				
			84 Cit	v		8	5 Zip Code
4 5				•		PL I	1
or registers	o the provisions of Sections 607.050;	z and 607.1508, Norida Stati ida, Such change was author	ites, the above-name	id corporation	n submits this statement for the pu	rpose of changir	ng its registered (
familiar will	tu and accept the obligations of Soc	tion 607 0505. Florido Statut	ized by the corporati	on's board of	directors. Thereby accept the app	ointment as regi	stered agent. I a
familiar witi	n, and accept the obligations of, Sec	tion 607.0505, Florida Statute	ized by the corporations.	on's board of	directors. I hereby accept the app	ointment as regi	stered agent. I a
familiar will	Signature, typical or printed name of registered agen	t and toe it applicable - [f	ized by the corporations. NOTE: Registered Agent sign	on s doare of	offectors. Thereby accept the app	DATE	stered agent. I a
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ecute this report as required by Chapter 607, Florida Statutes; and that my name outri; that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary C. Stellner Jary C Stellner Signing OFFICER OF DIRECTOR

215-96 303-398-7500 Date Destrict Proces