

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

**FILED**

**Apr 25 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 # F94000002680 (6)**

**1. Corporation Name**  
**MERIDIAN INVESTMENT MANAGEMENT CORPORATION OF CO  
LORADO**



**Principal Place of Business**  
12835 E ARAPAHOE ROAD  
TOWER II, 7TH FLOOR  
ENGLEWOOD CO 80112  
US

**Mailing Address**  
12835 EAST ARAPAHOE ROAD  
TOWER II, 7TH FL  
ENGLEWOOD CO 80112-3940  
US

**3. Date Incorporated or Qualified** 05/23/1994  
**3a. Date of Last Report** 03/12/1996  
**4. FEI Number** 84-1166639  
**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** [ ]  
**22** Suite, Apt. #, etc. [ ]  
**23** City & State [ ]  
**24** Zip [ ] **25** Country [ ]

**2a. Mailing Address**  
**26** [ ]  
**27** Suite, Apt. #, etc. [ ]  
**28** City & State [ ]  
**29** Zip [ ] **30** Country [ ]

**9. Name and Address of Current Registered Agent**

**ZIMMERMAN, DAVID W**  
120A BAYWOOD AVE.  
LONGWOOD FL 32750

**10. Name and Address of New Registered Agent**

**81** Name [ ]  
**82** Street Address (P.O. Box Number is Not Acceptable) [ ]  
**83** [ ]  
**84** City [ ] **85** Zip Code [ ] **FL**

**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**

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HART, MICHAEL J	
STREET ADDRESS	12835 E. ARAPAHOE ROAD, TOWER II, 7TH FL.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CALLAHAN, CRAIG T	
STREET ADDRESS	12835 E. ARAPAHOE ROAD, TOWER II, 7TH FL.	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, upon an attachment with an address.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

4/17/97

Date

303-790-1600

Daytime Phone #

CR2E034 (9/96)