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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION C	F CORPOR	ATIONS	İ		
<ul> <li>Corporation</li> </ul>	IMENT # F940 STATIONS MANAGEMENT	00005577 (	1)				
1100	OTATIONO INMINAGENTENT	, INO:				     <b>     </b>     <b>     </b>	
 rincipal Plac	te of Business	Mailing Address					
		30 RICKERFELLER F	PI A7A				
DENVER C	O 80203	ATTN: TAX DEPT					
		NEW YORK NY 1011 US	12		3. Date Incorporated or Qualified		of Last Report
Principal F	lace of Business	2a. Mailing Address	<del></del>		10/27/1994 4. FEI Number	0	7/25/1995
		26			84-0418275		Applied For Not Applicab
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	LE .	\$8.75 Additional
City & Stat	te	City & State			Election Campaign Financing		Fee Required
		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζipi	Country 25	Zip [29]	Cou	ntry	8. This corporation has liability for		
	9. Name and Address of Curr		30		Florida Statutes Yes  10. Name and Address of New F		Agent
				81 Name			
CT CORPORATION SYSTEM			ŀ	82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
	South Pine Island Road Tation FL 33324			02	<u>'</u>		
FLAMI	MIION FL 33324			83			
			[	84 City		FL	85 Zip Code
anature Anature	Signature type for printed name of registered ag	ed and title Lapphrable (N	is.		and of directors. I hereby accept the app	Ontorionic as	registered agent. Fam
				Agent signature requir	ed when reinstating)	DATE	
		ND DIRECTORS	13.		ed when reinslating: ADDITIONS/CHANGES TO OFF	ICERS AND	
	AS	ND DIRECTORS	13. 1.1 Tr	TLE .	·	ICERS AND	
t	AS BRACKMAN, ROBERTA 30 ROCKEFELLER PLAZA,	DELFIE	13. 1.1 Ti 1.2 NA	TLE .	·	ICERS AND	
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or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the register or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name shall have the same legal effect as if made under the register or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on this annual oath; that I am an officer or director of the corporal appears in Block 12 or Brock 13 if changed, or an

SIGNATURE:

SIGNATURE AND THEE OR P SIGNING OFFICER OR DIRECTOR F EA 9 1556 212.664.4444