

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002538 (5)

1. Corporation Name

PHILIP ABRAMS VENTURES, INC.



Principal Place of Business

5445 DTC PARKWAY, STE 300
ENGLEWOOD CO 80111

Mailing Address

5445 DTC PARKWAY, STE 300
ENGLEWOOD CO 80111

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report

4. FEI Number
84-1033614

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

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 607.052(2) and 607.15(1)(b), 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	ABRAMS, PHILIP	
STREET ADDRESS	5445 DTC PARKWAY, STE 300	
CITY-STATE-ZIP	ENGLEWOOD CO	
TITLE	ST	[] DELETE
NAME	KOPEL, LAURIE	
STREET ADDRESS	5445 DTC PARKWAY, STE 300	
CITY-STATE-ZIP	ENGLEWOOD CO	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ Change ☐ Addition
NAME	ABRAMS, PHILIP	
STREET ADDRESS	6510 QUINTANA PLACE	
CITY-STATE-ZIP	BOCA RATON, FL 33433	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is true and my former and I do not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier only 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 secretary or treasurer, and that I am qualified to sign this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in both, consistent with the provisions.

SIGNATURE:

Philip Abrams
PHILIP ABRAMS

3/26/96 4078835057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)