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FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002538 (5)

1. Corporation Name

PHILIP ABRAMS VENTURES, INC.



Principal Place of Business

Mailing Address

~~6445 DTC PARKWAY, STE 300~~  
~~ENGLEWOOD CO 80111~~

~~6445 DTC PARKWAY, STE 300~~  
~~ENGLEWOOD CO 80111~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1995

2. Principal Place of Business

2a. Mailing Address

21 6510 QUINTANA PL  
Suite, Apt. #, etc.

26 6510 QUINTANA PL  
Suite, Apt. #, etc.

4. FEI Number

84-1033614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

24 33433  
Zip

Country

29 33433  
Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ABRAMS, PHILIP  
STREET ADDRESS 6510 QUINTANA PLACE  
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

1.1 TITLE ST  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33433 ☐ Change ☒ Addition

TITLE ST  
NAME KOPEL, LAURIE  
STREET ADDRESS 6445 DTC PARKWAY, STE 300  
CITY-ST-ZIP ENGLEWOOD CO ☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 recipient of justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE:

PHILIP ABRAMS

5-12-98

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CR2E034 (10/97)