

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004315 (6)

1. Corporation Name

ACCESS LOGIC, INC.



Principal Place of Business

PO BOX 3436
ENGLEWOOD CO 80155-3436

Mailing Address

PO BOX 3436
ENGLEWOOD CO 80155-3436

2. Principal Place of Business

2a. Mailing Address

21 5350 DTC PKWY

26 Suite, Apt. #, etc.

22 BLDG. 52

27 City & State

23 Englewood, CO

28 City & State

24 80111 25 USA

29 Zip Country

9. Name and Address of Current Registered Agent

FULLER, BARRY J
FULLER & ASSO., ATTORNEY AT LAW
2301 PARK AVE.
ORANGE PARK FL 32073

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 of person or persons of registered agent and if not applicable

Signature of Agent or person registered agent is not

(SEE)

12. OFFICERS AND DIRECTORS

TITLE	PVC	[] DELETE
NAME	BARBER, JUDY	
STREET ADDRESS	19078 E. CRESTRIDGE CIR.	
CITY-STATE-ZIP	ENGLEWOOD CO 80111	
TITLE	VS	[] DELETE
NAME	BARBER, STEPHEN	
STREET ADDRESS	19078 E. CRESTRIDGE CIR.	
CITY-STATE-ZIP	ENGLEWOOD CO 80111	
TITLE	TD	[] DELETE
NAME	LEWIS, MARVIN	
STREET ADDRESS	15439 WYANDOTTE ST.	
CITY-STATE-ZIP	VAN NUYS CA 91406	
TITLE	C	[] DELETE
NAME	LEWIS, EVELYN-JO	
STREET ADDRESS	15439 WYANDOTTE ST.	
CITY-STATE-ZIP	VAN NUYS CA 91406	
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

1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, or on an attachment with an address.

SIGNATURE: Judy Barber, President 4/3/96 (303) 850-7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (12/95)