


4-10-97 B 4315 C
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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003686 (0)

1. Corporation Name

AMSTAR CAPITAL MANAGEMENT CORPORATION

Principal Place of Business

1050 SEVENTEENTH STREET, SUITE 1220
DENVER CO 80265

Mailing Address

1050 SEVENTEENTH STREET, SUITE 1220
DENVER CO 80265-1050

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 ☐ DELETE

NAME
PCD
AGNEW, DAVID B
STREET ADDRESS
1050 SEVENTEENTH STREET, SUITE 1220
CITY-ST-ZIP
DENVER CO 80265

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
V
CRAWFORD, JOE J
STREET ADDRESS
1050 SEVENTEENTH STREET, SUITE 1220
CITY-ST-ZIP
DENVER CO 80265

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST
MARTIN, KEVIN J
STREET ADDRESS
1050 SEVENTEENTH STREET, SUITE 1220
CITY-ST-ZIP
DENVER CO 80265

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 TITLE ☐ Change ☐ Addition

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: By:

Signature and Title of Officer or Director

Date

Daytime Phone #

CR2E034 (9/96)