

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005630 (6)**

1. Corporation Name

**ONE ORCHARD EQUITIES, INC.**

Principal Place of Business

**8515 E. ORCHARD RD.  
ENGLEWOOD CO 80111**

Mailing Address

**8515 E. ORCHARD RD.  
ENGLEWOOD CO 80111**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number

**84-1353477**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAYANACH, ROBERT E</b>	
STREET ADDRESS	<b>8505 E. ORCHARD RD.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BYRNE, BEVERLY A</b>	
STREET ADDRESS	<b>8505 E. ORCHARD RD.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DERBACK, GLEN R</b>	
STREET ADDRESS	<b>8515 E. ORCHARD RD.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAC LENNAN, ALAN D</b>	
STREET ADDRESS	<b>8505 E. ORCHARD RD.</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENYON, STAN</b>	
STREET ADDRESS	<b>1000 ABERNATHY RD., BLDG. #400, #1200</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Miller, Steve H.</b>	
1.3 STREET ADDRESS	<b>8505 E. Orchard Road</b>	
1.4 CITY-ST-ZIP	<b>Englewood, CO 80111</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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:

*Beverly A. Byrne*

**Beverly A. Byrne**

**4-9-98**

**303-689-3817**

CR2E034 (10/97)