Applied For Not Applicable

**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90040 048 \*\*\*150.00

## CR2E034 (11/98)

☐ Addition

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000005721

IMPOSTO	PRS INC.								
Principal Place of Business Mailing Address						- 3 1001120 1110 18110 E1111 60111 08111 06111 061			
3033 SO. PARKE AURORA CO 800	3033 SO. PARKER RD., STE. AURORA CO 80014				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 11/01/1996	44 - 44 - <del>4</del> 4 - 44 - 44 - 44 - 44 - 44		
2. Principal Pla	ace of Business	2a. Mailing Address	-			4. FEI Number	Ар	plied For	
21		26				84-1186026		t Applicabl	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re		
City & State		City & State				. 6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country 25	Zip 3	Cour	ntry		This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
1200	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324				Name Street Addre	ss (P.O. Box Number is Not Acceptable)	- Internal		
			ŀ	84 (	City		85 Zip (	Code	
l office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State n familiar with, and accept the obligations.	of Fiorida, Such change was auti	nonzea	DV INE	amed corpo e corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changing its	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	A July 15 - policeble (NOTE: P	anictored i	Agent ek	on ature required	when reinstating) DATE			
12.	<u> </u>	ID DIRECTORS	13.	ngen an	griature requires	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE				Change	☐ Addit	
NAME	GREENBERG, SISSEL			1.2 NAME					
STREET ADDRESS 3033 SO. PARKER RD., STE. 120			1.3 STF	REET AD	DRESS				
CITY-ST-ZIP AURORA CO 80014			1.4 CIT	1.4 CITY+ST+ZIP		·			
TITLE	ST DELETE		2,1 TIT	2.1 TITLE			☐ Change	☐ Addit	

☐ Addition Change HUSS, TODD 2.2 NAME NAME 3033 SO. PARKER RD., STE. 120 2.3 STREET ADDRESS STREET ADDRESS AURORA CO 80014 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE KATZ - YUFFA, SIMONA YUFFA, SIMON K 32 NAME NAME ITTO YUMA ST 1110 YUMA ST 3.3 STREET ADDRESS STREET ADDRESS DENVER, CO BOZO4 **DENVER CO** 3.4. CITY-ST-ZIP CITY-ST-ZIP **∑**∠Change ☐ Addition DELETE 4.1 TITLE TITLE BRANDOW, JACK 4. 2 NAME NAME JOHN M. GERBER 4.3 STREET ADDRESS 1601 MARKET STREET STE 2450 STREET ADDRESS 安美一姓沙林四世 4.4 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA, PA 19103 Change ☐ Addition □ DELETE 5.1 TTILE TITLE NANDOR, WILLIAM NANDER, WILLIAM 5.2 NAME NAME 2698 GAPWALL CT 5.3 STREET ADDRESS 2698 GAPWELL COURT STREET ADDRESS PLEASANTON, CA 94566 PLEASANTON CA 94566 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 supplier ental annual report is tripe 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 of 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 opess, with all other like empowered.

SIGNATURE: