

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

FILED
Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90005 037 ****150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000001933

1. Corporation Name

EASTER OWENS INTEGRATED SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **6522 FIG STREET ARVADA CO 80004**
 Mailing Address: **6522 FIG STREET ARVADA CO 80004**

3. Date Incorporated or Qualified: **04/14/1997**
 4. FEI Number: **84-1281180**
 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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
CT 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 **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	EASTER, DAVID A	
STREET ADDRESS	6522 FIG STREET	
CITY-ST-ZIP	ARVADA CO 80004	
TITLE	SEO	<input type="checkbox"/> DELETE
NAME	EASTER, SCOTT W	
STREET ADDRESS	6522 FIG STREET	
CITY-ST-ZIP	ARVADA CO 80004	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WEERS, DOUGLAS C	
STREET ADDRESS	2186 JACKSON KELLER	
CITY-ST-ZIP	SAN ANTONIO TX 78213	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BACHEL, CURTIS D	
STREET ADDRESS	6522 FIG STREET	
CITY-ST-ZIP	ARVADA CO 80004	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ROCHON, DONALD M	
STREET ADDRESS	12700 31 MILE ROAD	
CITY-ST-ZIP	WASHINGTON MI 48095	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICHLOVSKY, TERRY	
STREET ADDRESS	2186 JACKSON KELLER	
CITY-ST-ZIP	SAN ANTONIO TX 78213	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Curtis D. Bachel **Curtis D. Bachel** Secretary/Treasurer 01/25/99 (303)431-0111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)