## 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 # F9800001072

1. Corporation Name

**CONVERGENT CAPITAL CORPORATION** 

| Principal | Place | of | Busin | ess |
|-----------|-------|----|-------|-----|

Mailing Address

67 INVERNESS DRIVE EAST #110 ENGLEWOOD CO 80112

67 INVERNESS DRIVE EAST #110 ENGLEWOOD CO 80112

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90130 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

|  |   |                                |                |   | 02/25/1998                 |  |             |            |               |  |
|--|---|--------------------------------|----------------|---|----------------------------|--|-------------|------------|---------------|--|
| 2. Principal Pl  | Place of Business 2a. Mailing Address   |                                |                |   | 4. FEI Number              |  | A           | pplied For |               |  |
| 400 In   | 400 Inverness Drive South 26  |                                |                |   | 84-1437158                 |  |             |            | ot Applicable |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.            |                |   | 5. Certifcate of Stat      | us Desired                             |             | +          | Additional    |  |
| Suite_   | 400   | 27                             |                |   |                            |  |             | Fee R      | equired       |  |
| City & State City & State  |   |                                |                |   |                            |  |             | May Be     |               |  |
| 3 Englew   |   | 28                             |                |   | Trust Fund Cont            | ribution                               |             | Added      | to Fees       |  |
| Zip  | Country   | Zip                            | Count          | ry  | 8. This corporation        |  | t year Inta | _          | MNo           |  |
| 80112  | 25 USA  | <u> </u>                       | 30             | <del></del>   | Personal Proper            | <del></del>                            | nintaunal I | ∐ Yes      | ENINO         |  |
|  | 9. Name and Address of Current  | Registered Agent               | -              | 11 Name   | 10. Name and Addi          | ess of New Re                          | gistereu z  | .geni      |               |  |
| CTI  | CODDODATION SYSTEM  |                                |                | Name  |                            |  | -7-1        |            |               |  |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 |   |                                | 8              | 82 Street Address (P.O. Box Number is Not Acceptable) |                            |  |             |            |               |  |
|  |   |                                | ١.             | 13  |                            |  |             |            |               |  |
| FLAV   | HAHON FE 33324  |                                | ŀ              | 13  |                            |  |             |            |               |  |
|  |   |                                | 8              | 64 City   |                            |  | <u> </u>    | 85 Zip     | Code          |  |
|  |   |                                |                |   |                            |  | <u>FL</u>   |            |               |  |
| office or re<br>agent. I a   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | Florida. Such change was a     | utnorizea t    | by the corpora  | tion's board of directors. | hereby accept i                        | the appoin  | tment as r | egistered     |  |
| SIGNATURE  | Signature, typed or printed name of registered agent a  | and title if applicable. (NOTE | : Registered A | gent signature requi                                  | ired when reinstating)     | <del></del>                            | DATE        |            |               |  |
| 12.  | OFFICERS AND  | DIRECTORS                      | 13.            |   | ADDITIONS/CHA              | NGES TO OFFI                           | CERS AN     |            |               |  |
| TITLE  | CD  | ☐ DELETE                       | 1.1 TITLE      | ≣   |                            |  |             | X) Change  | Addition      |  |
| NAME   | EVANS, JOHN R   |                                | 1.2 NAM        | E   |                            |  |             |            |               |  |
| STREET ADDRESS   | 67 INVERNESS DRIVE EAST #11   | 0                              | 1.3 STR        | EET ADDRESS 2   | 400 Inverness              | Drive So                               | uth,        | #400       |               |  |
| CITY-ST-ZIP  | ENGLEWOOD CO  |                                | 1.4 CITY       | -ST-ZIP   | ·                          |  |             |            |               |  |
| TITLE  | Р   | ☐ DELETE                       | 2.1 TITLI      | E (   | SD. 7.3 = 1                | :                                      |             | XI Change  | Addition      |  |
| NAME   | FREIDEL, MARTIN E   |                                | 2.2 NAM        | E (   |                            |  |             |            |               |  |
| STREET ADDRESS   | 67 INVERNESS DRIVE EAST #11   | 10                             | 2.3 STRI       | EET ADDRESS 2   | 400 Inverness              | Drive So                               | uth,        | #400°      |               |  |
| CITY-ST-ZIP  | ENGLEWOOD CO  |                                | 2.4 CITY       | r-ST-ZIP  |                            | —————————————————————————————————————— |             |            |               |  |
| TITLE  | ٧   | DELETE                         | 3.1 TITL       | E   |                            |  |             | X Change   | ☐ Addition    |  |
| NAME   | TSCHARNER, PATRICK V  |                                | 3.2 NAM        | E   |                            |  |             |            |               |  |
| STREET ADDRESS   | 67 INVERNESS DRIVE EAST #11   | 0                              | 3.3 ŞTRI       | EET ADDRESS 4   | 400 Inverness              | Drive So                               | uth,        | #400       |               |  |
| CITY-\$T-ZIP   | ENGLEWOOD CO  | •                              | 3.4. CITY      | Y-ST-ZIP  |                            |  |             |            |               |  |
| TITLE  | SD  | ☐ DELETE                       | 4.1 TITL       | E I   | ) · ~ · · · .              |  |             | ⁻∏ Change  | Additio       |  |
| NAME   | ALLEN, PHILIP G   |                                | 4. 2 NAN       | Æ.  |                            |  |             |            | •             |  |
| STREET ADDRESS   | 67 INVERNESS DRIVE EAST #11   | 10                             | 4.3 STR        | EET ADDRESS 4   | 400 Inverness              | Drive Sc                               | uth,        | #400       |               |  |
| CITY-ST-ZIP  | ENGLEWOOD CO  | · <del>-</del>                 | 4.4 CiTY       | -ST-ZiP   |                            |  |             |            |               |  |
| TITLE  | T   | ☐ DELETE                       | 5.1 ππ.        | E .   | TD                         |  |             | X Change   | Additio       |  |
| NAME   | PHIBBS, JOHN J  |                                | 5.2 NAM        | í   |                            |  |             |            |               |  |
| STREET ADDRESS   | 67 INVERNESS DRIVE EAST #11   | 10                             | 5.3 STRI       | EET ADDRESS 4   | 400 Inverness              | Drive Sc                               | outh,       | #400       |               |  |
| CITY-ST-ZIP  | ENGLEWOOD CO  |                                | 5.4 CITY       | '-ST-ZIP  |                            |  |             |            |               |  |
| TITLE  | D   | ☐ DELETE                       | 6.1 TTL        | E   |                            |  |             | X Change   | Additio       |  |
| NAME   | BURGE, KEITH V  |                                | 6.2 NAM        |   |                            |  |             |            |               |  |
| STREET ADDRESS   |   | 10                             | 6.3 STR        | EET ADDRESS 4   | 400 Inverness              | Drive Sc                               | uth,        | #400       |               |  |
|  |   | · <del>-</del>                 |                |   |                            |  |             |            |               |  |
| CITY-ST-ZIP  | ENGLEWOOD CO  |                                | 6.4 CITY       |   |                            |  |             |            |               |  |

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpora Block 12 or Block 13 if change

SIGNATURE:

LAL