

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005504

1. Corporation Name
GP SERVICES XVIII, INC.

Principal Place of Business
PO BOX 1089
GREENVILLE SC 29602

Mailing Address
PO BOX 1089
GREENVILLE SC 29602

FILED

99 SEP 14 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1873 S. Bellaire St. Suite, Apt. #, etc. 22 Suite 1700 City & State 23 Denver, CO Zip 24 80222		2a. Mailing Address 26 1873 S. Bellaire St. Suite, Apt. #, etc. 27 Suite 1700 City & State 28 Denver, CO Zip 29 80222		3. Date Incorporated or Qualified 10/01/1998		4. FEI Number 62-1730343		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Additional Fee Required \$8.75		May Be Added to Fees \$5.00	

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	Corporation Service Company		
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street		
83			
84 City	Tallahassee	FL	85 Zip Code 32301

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 *Deborah D. Skipper*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent must sign when reinstating)

DATE
9-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	C/D
NAME	VINSON, CARROLL D	1.2 NAME	Terry Considine
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	1.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC 29602	1.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	V	2.1 TITLE	P/D
NAME	JARRARD, WILLIAM H JR	2.2 NAME	Peter Kompaniez
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	2.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC 29602	2.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	V	3.1 TITLE	V/S
NAME	LONG, ROBERT D JR	3.2 NAME	Joel Bonder
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	3.3 STREET ADDRESS	1873 S. Bellaire St., Ste 1700
CITY-ST-ZIP	GREENVILLE SC 29602	3.4 CITY-ST-ZIP	Denver, CO 80222
TITLE	S	4.1 TITLE	V/T
NAME	LEBEY, DANIEL M	4.2 NAME	Patricia Heath
STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	4.3 STREET ADDRESS	1873 S. Bellaire St., Ste. 1700
CITY-ST-ZIP	GREENVILLE SC 29602	4.4 CITY-ST-ZIP	Denver, CO 80222
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Joel Bonder* Joel Bonder, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 9-15-99 (303) 757-8101
Date Daytime Phone #

CR2E034 (5/99)