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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K29993

(8)

HT MANAGEMENT, INC.

FILED Feb 02 1998 8:00am Secretary of State

ELL MASS	NAGEMENT,	, HTO.							
Principal Place of Business Mailing Address								n tabulatit mim finnin abtid fatta frita sitett mintt mintt einet attett gent annt einet asgit fant	
4962 S. ULSTER ST.				4982 S. ULSTER ST.					
SUITE 111				SUITE 111				DO MOT WOLFE IN THE COLOR	
DENVER CO 80237				DENVER CO 80237				DO NOT WRITE IN THIS SPACE	
US				US				3. Date Incorporated or Qualified 07/29/1988	
Principal Place of Business The state of Business The state of Business				2a. Mailing Address 26				4. FEI Number Applied For NOT APPLICABLE Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
3			28					Trust Fund Contribution	
Zip	Country			, ` _ ,				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 9. Name and Address of Current		29 Regis			T		10. Name and Address of New Registered Agent	
ſΥ			yı bı	OLON WANT		81	Name		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						62		ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324							Olloot Add		
						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 (amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE									
12.	alguatore, types or p	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P			DELETE	1.1 TI	TLE		☐ Change ☐ Addition	
NAME	HALE, MIKE			1.2 N		AME			
STREET ADDRESS	EET ADDRESS 4982 S. ULSTER ST., #111			1.35		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ľ	
CITY-ST-ZIP	DENVER CO 80237								
TITLE	81			☐ DELETE	2.1 TI	TLE		Change Addition	
NAME	SPAULDING				2.2 N	AME			
STREET ADDRESS		PARKWAY, #600			2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP							T-ZIP		
TITLE	D			☐ DELETE	DELETE 3.1 TO			Change Addition	
NAME	INGLE, RAY				3.2 NAME				
STREET ADDRESS	11661 SAN VICENTE BL				3.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	LOS ANGELES CO				3.4 CIT		7-7 1 P	Ob [Tales	
TITLE				☐ DELETE	4.1 TI			Change L_ Addition	
NAME					4.21				
STREET ADDRESS					4.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP				Brieve		ITY-S	T-ZIP	Change Laddition	
TITLE				DELETE	5.1 TITLE			Change	
NAME					5.2 N				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP				T nriett		TY-S	1-ZIP	Change Addition	
TITLE				DELETE	6.1 TI			C CIZINGE C. AUDROII	
NAME					6.2 N		40000000		
STREET ADDRESS					L		ADDRESS		
CITY-ST-ZIP	portify that the in	tormation europlied will	th thin (iling dose not qualify to		ITY-S		in Section 119 07(3)(i) Florida Statutes Hurther certify that the information	

4. 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.

.....

MYIKA 1141A

1/26/98 (303/267-4040.

CR2E034 (10/97)