

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66709 (1)

1. Corporation Name

SUGARLOAF ENTERPRISES, INC.



Principal Place of Business

637 SOUTH BROADWAY
SUITE 316
BOULDER CO 80303

Mailing Address

637 SOUTH BROADWAY
SUITE 316
BOULDER CO 80303

2. Principal Place of Business

2a. Mailing Address

21 8211 WEST BROADWAY BLVD.

26 8211 WEST BROADWAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 360

27 SUITE 360

City & State

City & State

23 PLANTATION, FLORIDA

28 PLANTATION, FLORIDA

Zip

Country

Zip

Country

24 33324-2737

25 U.S.A.

29 33324-2737

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

06/02/1995

4. FEI Number

65-0189782

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X Yes □ No

10. Name and Address of New Registered Agent

81 Name

INGRAM, William T. SR.

82 Street Address (P.O. Box Number is Not Acceptable)

INGRAM & INGRAM INC.

83

11120 S.E. FEDERAL HIGHWAY

84 City

HOBE SOUND

FL

85 Zip Code

33455

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

(Signature, typed or printed name of registered agent, if agent and not a shareholder)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	DELETE
NAME	ZUCKERMAN, JOLETTA	
STREET ADDRESS	3605 SILVER PLUME LANE	
CITY-STATE-ZIP	BOULDER CO 80303	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joletta Zuckerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96 (303) 499-5602

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