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Jun 30 1997 8:00am  
Secretary of State

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>  |                                     |         |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| <b>DOCUMENT # N36121</b><br>1. Corporation Name<br><b>COMMUNITY HEALTH CARE FOUNDATION, INC.</b>   |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| Principal Place of Business<br><b>610 CT CORPORATION SYSTEM</b><br><b>1200 S. PINE ISLAND ROAD</b><br><b>PLANTATION, FL. 33321</b>   |                                     |  | Mailing Address<br><b>299 SANTA PAULA</b><br><b>SAN FRANCISCO, CA. 94127</b>   |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  |                                     | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |  | 3. Date Incorporated or Qualified<br><b>1-17-90</b><br>3a. Date of Last Report<br><b>12-9-96</b><br>4. FEI Number<br><b>65-0186567</b><br>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM</b><br><b>1200 S. PINE ISLAND ROAD</b><br><b>PLANTATION, FL. 33321</b>   |                                     |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 12. OFFICERS AND DIRECTORS<br><table border="1"> <tr> <td>TITLE</td> <td><del>DIRECTOR</del></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><del>MRS. BRIGIT ANDERSON</del></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>299 WARREN AVE.</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>SILVERTHORPE, CO. 80498</del></td> <td></td> </tr> <tr> <td>TITLE</td> <td><del>REGISTRAR AND DIRECTOR</del></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><del>MR. THOMAS S. GRIGG</del></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>299 SANTA PAULA</del></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><del>SAN FRANCISCO, CA. 94127</del></td> <td></td> </tr> <tr> <td>TITLE</td> <td><del>DIRECTOR</del></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><del>MRS. JANET W. 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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br><table border="1"> <tr> <td>1.1 TITLE</td> <td><b>DIRECTOR (D)</b></td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td><b>MRS. BRIGIT ANDERSON</b></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td><b>299 WARREN AVE.</b></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td><b>SILVERTHORPE, CO. 80498</b></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><b>PRESIDENT AND DIRECTOR (POD)</b></td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td><b>MR. THOMAS S. 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| TITLE  | <del>DIRECTOR</del>                 | <input type="checkbox"/> DELETE  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| NAME   | <del>MRS. BRIGIT ANDERSON</del>     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| STREET ADDRESS   | <del>299 WARREN AVE.</del>          |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| CITY-ST-ZIP  | <del>SILVERTHORPE, CO. 80498</del>  |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| TITLE  | <del>REGISTRAR AND DIRECTOR</del>   | <input type="checkbox"/> DELETE  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| NAME   | <del>MR. THOMAS S. GRIGG</del>      |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| STREET ADDRESS   | <del>299 SANTA PAULA</del>          |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| CITY-ST-ZIP  | <del>SAN FRANCISCO, CA. 94127</del> |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| TITLE  | <del>DIRECTOR</del>                 | <input type="checkbox"/> DELETE  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| NAME   | <del>MRS. JANET W. GRIGG</del>      |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| STREET ADDRESS   | <del>299 SANTA PAULA</del>          |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| CITY-ST-ZIP  | <del>SAN FRANCISCO, CA. 94127</del> |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| TITLE  |                                     | <input type="checkbox"/> DELETE  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| NAME   |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| STREET ADDRESS   |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| CITY-ST-ZIP  |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| TITLE  |                                     | <input type="checkbox"/> DELETE  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| NAME   |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| STREET ADDRESS   |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| CITY-ST-ZIP  |                                     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 1.1 TITLE  | <b>DIRECTOR (D)</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 1.2 NAME   | <b>MRS. BRIGIT ANDERSON</b>         |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 1.3 STREET ADDRESS   | <b>299 WARREN AVE.</b>              |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 1.4 CITY-ST-ZIP  | <b>SILVERTHORPE, CO. 80498</b>      |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 2.1 TITLE  | <b>PRESIDENT AND DIRECTOR (POD)</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 2.2 NAME   | <b>MR. THOMAS S. GRIGG</b>          |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 2.3 STREET ADDRESS   | <b>299 SANTA PAULA</b>              |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 2.4 CITY-ST-ZIP  | <b>SAN FRANCISCO, CA. 94127</b>     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 3.1 TITLE  | <b>DIRECTOR (D)</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 3.2 NAME   | <b>MRS. JANET W. GRIGG</b>          |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 3.3 STREET ADDRESS   | <b>299 SANTA PAULA</b>              |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 3.4 CITY-ST-ZIP  | <b>SAN FRANCISCO, CA. 94127</b>     |  |  |   |                                 |      |                                 |  |                |                            |  |             |                                    |  |       |                                   |                                 |      |                                |  |                |                            |  |             |                                     |  |       |                     |                                 |      |                                |  |                |                            |  |             |                                     |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |   |  |  |           |                     |  |          |                             |  |                    |                        |  |                 |                                |  |           |                                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |                     |  |          |                            |  |                    |                        |  |                 |                                 |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |           |  |   |          |  |  |                    |  |  |                 |  |  |
| 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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas S. Grigg Date: 6-23-97 Daytime Phone #: 415-665-6380

CR2E037 (9/96)