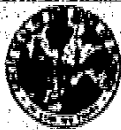


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09773

(3)

1. Corporation Name

TCI TKR OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

5619 DTC PARKWAY
TAX DEPT.
ENGLEWOOD CO 80111
US

P.O. BOX 5630
TAX DEPT.
DENVER CO 80217
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2636535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MARSHALL, BARRY P
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	VD
NAME	BRACKEN, GARY K
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	VS
NAME	BRETT, STEPHEN M
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	VS
NAME	DAVIS, TERRELL
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	VT
NAME	SCHOTTERS, II B W.
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO
TITLE	AVP
NAME	HALSEY, GREG
STREET ADDRESS	5619 DTC PARKWAY
CITY - ST - ZIP	ENGLEWOOD CO

1.1 TITLE	ASST VP	☐ Change ☒ Addition
1.2 NAME	NOLAN GOOKIN	
1.3 STREET ADDRESS	5619 DTC PARKWAY	
1.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP/ASST. SEC/DIRECTOR	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	TERREL E. DAVIS	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nolan Gookin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOLAN GOOKIN-ASST. VP

7/27/95 (303) 267-5500

Date

Signature (Phone #)