

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P09773** (3)

1. Corporation Name
TCI TKR OF SOUTH FLORIDA, INC.



Principal Place of Business: **5619 DTC PARKWAY TAX DEPT. ENGLEWOOD CO 80111 US**
Mailing Address: **P.O. BOX 5630 TAX DEPT. DENVER CO 80217 US**

3. Date Incorporated or Qualified: **04/15/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2636535**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE - 105 TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and date of appointment (Note: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARSHALL, BARRY P		1.2 NAME:	
STREET ADDRESS: 5619 DTC PARKWAY		1.3 STREET ADDRESS:	
CITY-ST-ZIP: ENGLEWOOD CO		1.4 CITY-ST-ZIP:	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRACKEN, GARY K		2.2 NAME: THOMAS R. BARBERINI	
STREET ADDRESS: 5619 DTC PARKWAY		2.3 STREET ADDRESS: 2204 LAKE SHORE DR., STE. 325	
CITY-ST-ZIP: ENGLEWOOD CO		2.4 CITY-ST-ZIP: BIRMINGHAM, AL 35209	
TITLE: VPAS	<input type="checkbox"/> DELETE	3.1 TITLE: VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRETT, STEPHEN M		3.2 NAME:	
STREET ADDRESS: 5619 DTC PARKWAY		3.3 STREET ADDRESS:	
CITY-ST-ZIP: ENGLEWOOD CO		3.4 CITY-ST-ZIP:	
TITLE: VS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DAVIS, TERREL E.		4.2 NAME: GARY S. HOWARD	
STREET ADDRESS: 5619 DTC PARKWAY		4.3 STREET ADDRESS: 5619 DTC PARKWAY	
CITY-ST-ZIP: ENGLEWOOD CO		4.4 CITY-ST-ZIP: ENGLEWOOD, CO 80111	
TITLE: VT	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHOTTERS, II B W.		5.2 NAME:	
STREET ADDRESS: 5619 DTC PARKWAY		5.3 STREET ADDRESS:	
CITY-ST-ZIP: ENGLEWOOD CO		5.4 CITY-ST-ZIP:	
TITLE: AVP	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HALSEY, GREG		6.2 NAME:	
STREET ADDRESS: 5619 DTC PARKWAY		6.3 STREET ADDRESS:	
CITY-ST-ZIP: ENGLEWOOD CO		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: *Greg Halsey* **Greg Halsey Assistant Vice President** 4/25/96 (303) 267-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

CR2E034 (12/95)