

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P09773 (3)**  
 1. Corporation Name  
**TCI TKR OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>5619 DTC PARKWAY                  TAX DEPT.                  ENGLEWOOD CO 80111                  US</b>	Mailing Address <b>P.O. BOX 5630                  TAX DEPT.                  DENVER CO 80217                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/15/1986**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 (P.O. Box Number is Not Acceptable)

83.

84. City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BLAYLOCK, GARY</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>THOMAS R. BARBERINI</b>	
STREET ADDRESS	<b>2204 LAKE SHORE DR STE 325</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	<b>BRETT, STEPHEN M</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>SCHOTTERS, II B W.</b>	
STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GOOKIN, NOLAN D.</b>	
5.3 STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
5.4 CITY-ST-ZIP	<b>ENGLEWOOD, CO 80111</b>	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JONES, MARVIN</b>	
6.3 STREET ADDRESS	<b>5619 DTC PARKWAY</b>	
6.4 CITY-ST-ZIP	<b>ENGLEWOOD, CO 80111</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE: *Gary Blaylock* GARY BLAYLOCK 4/24/98 303-267-5500

CR2E034 (10/97)