

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90150 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P09773**  
 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
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>04/15/1986</b>	
4. FEI Number <b>59-2636535</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AV BLAYLOCK, GARY	1.1 TITLE	S
STREET ADDRESS	5619 DTC PARKWAY	1.2 NAME	HAYES, MARK S.
CITY-ST-ZIP	ENGLEWOOD CO	1.3 STREET ADDRESS	5619 DTC PARKWAY
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE	PD THOMAS R. BARBERINI	2.1 TITLE	P/D
STREET ADDRESS	2204 LAKE SHORE DR STE 325	2.2 NAME	BARTOLOTTA, CHARLES
CITY-ST-ZIP	BIRMINGHAM AL	2.3 STREET ADDRESS	5619 DTC PARKWAY
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
TITLE	VPS BRETT, STEPHEN M	3.1 TITLE	V/AS
STREET ADDRESS	5619 DTC PARKWAY	3.2 NAME	
CITY-ST-ZIP	ENGLEWOOD CO	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	VT SCHOTTERS, II B W.	4.1 TITLE	V/AT
STREET ADDRESS	5619 DTC PARKWAY	4.2 NAME	
CITY-ST-ZIP	ENGLEWOOD CO	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	AV GOOKIN, NOLAN D	5.1 TITLE	
STREET ADDRESS	5619 DTC PARKWAY	5.2 NAME	
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	D JONES, MARVIN	6.1 TITLE	D
STREET ADDRESS	5619 DTS PKWY	6.2 NAME	FITZGERALD, WILLIAM R.
CITY-ST-ZIP	ENGLEWOOD CO 80111	6.3 STREET ADDRESS	5619 DTC PARKWAY
	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111

	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Nolan D. Gookin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Nolan D. Gookin**  
 Assistant Vice President  
 Date: **4/21/99**  
 Daytime Phone #

CR2E034 (1/98)