

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am
 Secretary of State



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



PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # P11655 (8)

1. Corporation Name
 COHIG & ASSOCIATES, INC.

Principal Place of Business: 6300 S. SYRACUSE WAY, SUITE 430, ENGLEWOOD CO 80111

Mailing Address: 6300 S. SYRACUSE WAY, SUITE 430, ENGLEWOOD CO 80111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6300 S Syracuse Way		26 6300 S Syracuse Way		10/02/1986		03/04/1996	
22 Suite, Apt. #, etc. Suite 400		27 Suite, Apt. #, etc. Suite 400		4. FEI Number		Applied For	
23 Englewood Co		28 Englewood Co		84-0980477		Not Applicable	
24 80111		25 usa		29 80111		30 usa	
24 80111		25 usa		29 80111		30 usa	

9. Name and Address of Current Registered Agent

ELLIOTT, SCOTT
 4907 TROYDALE RD.
 TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name Norton, Greg
 82 Street Address (P.O. Box Number is Not Acceptable) 1200 N. Federal Highway
 83 Suite 301
 84 City Boca Raton FL 85 Zip Code 33432

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] DATE: 7/21/97

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	HINKLE, STEVEN R	
STREET ADDRESS	6300 S. SYRACUSE WY.. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LARKIN, EDWARD C	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LOWE, TERRI E	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOOTTEN, RIKE D	
STREET ADDRESS	3700 E. ALAMEDA AVE. #500	
CITY-ST-ZIP	DENVER CO 80111	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	OLSON, RALPH O	
STREET ADDRESS	6300 SOUTH SYRACUSE WAY, #430	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DRENNE, DAVID H	
STREET ADDRESS	6300 S. SYRACUSE WY. #430	
CITY-ST-ZIP	ENGLEWOOD CO 80111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VPO Lavigne, David
5.3 STREET ADDRESS	6300 S Syracuse way Ste 400
5.4 CITY-ST-ZIP	Englewood Co 80111
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD 6012, Harold
6.3 STREET ADDRESS	6300 S Syracuse way #400
6.4 CITY-ST-ZIP	Englewood Co 80111

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

9-2-97

CR2E034 (4/97)