

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

FILED
Apr 28 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 # P15707 (3)
 1. Corporation Name
PORTFOLIO MANAGEMENT CONSULTANTS, INC.



Principal Place of Business Mailing Address
555 17TH ST **555 17TH ST**
14TH FLOOR **14TH FLOOR**
DENVER CO 80202 **DENVER CO 80202-5555**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1987	3a. Date of Last Report 05/01/1996
21 State, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 84-1036943	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PHILLIPS, KENNETH S.		12 NAME				
STREET ADDRESS	555 17TH ST 14TH FLOOR		13 STREET ADDRESS				
CITY-ST-ZIP	DENVER CO		14 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NASR, UALI		22 NAME	Nasr, Vali			
STREET ADDRESS	555 17TH STREET, 14TH FLOOR		23 STREET ADDRESS				
CITY-ST-ZIP	DENVER CO		24 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DOBEL, MAUREEN E.		32 NAME				
STREET ADDRESS	55 17TH ST 14TH FLOOR		33 STREET ADDRESS				
CITY-ST-ZIP	DENVER CO		34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

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: *Maureen E. Dobel* **Maureen E. Dobel** **4/18/97** **(303) 292-1177**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)