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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

101

## **FILED** Feb 05 1997 8:00am Secretary of State

1. Corporation	it Martie	Ħ	P32118	9	(1	U)						) <b>189</b> 11000 100 EU	ia efekt liddi	{( <b>1)</b>  }				
Principal Place of Business 8314 PONDEROSA DR PARKER CO 80134				83	Mailing Address 8314 PONDEROSA DR PARKER CO 80134-8233													
											3.	Date Incorpora		ualified		Date of Last /06/1996	Report	
2, Principal P	lace of Busin	1058		2a.	2a. Mailing Address						4.	FEI Number			<u>  UZ</u>		Applied	For
21					26							84-115618	34			h	<del></del>	olicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					Б.	Certificate of S		ired		<b>\$8.75</b> Fee I	Additi-				
City & State	e	28	City & State						6.	Election Camp Trust Fund Co	~	ncing			May			
Zip	Country				Zip			Country			8.	This corporation	on has liab	oility for	intangibl	e tax under	s. 199.	.032,
24	25			29							Florida Statutes Yes No							
			Address of Curre	nt Regis	stered Ager	<u> </u>		81	T .	lame	10.	Name and Ad	Idress of	New Re	glatered	Agent		
	CORPORAT								Ľ	iame								
1200 S. PINE ISLAND ROAD PLANTATION FL 33324								62	S	treet Addre	ess (F	ss (P.O. Box Number is Not Acceptable)						
PLAI	NIAHUN F	LUU	324					83	t					<del></del>		. , ,		
									C	City					FI	85 Zip	Code	
11 Purcuant	to the prosec	ions	of Sections 607 06	02 and 6	07 15/08 EI	orida Statut	AS 1	he abov	/0-n:	amed corp	oratio	on submite this	statement	for the			ite ren	ietered
office or r agent. La	egistered ag m familiar wi	gent. o ith, ar	of Sections 607.05 or both, in the State ad accept the oblig	e of Flori pations o	da. Such ch f, Section 6	nange was a 07.0505, Fic	outho orida	orized b Statute	y th	e corporati	ion's t	board of directo	ors. I hereb	by acce	pt the ap	pointment s	is regis	tered
SIGNATURE	Constitute tuned	l ex rain	ted name of registered ag	en and the	il applicable	(NOT)	E Dan	letared & a	ont n	ignature require	nd 4 hor	n relectations		·	DATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12.	CIBITATE, CYPE		OFFICERS AN		****************			13.		g and require		ADDITIONS/CH	ANGES T	O OFFI		D DIRECTO	DRS IN	12
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STREET ADDRESS	(							1.3 STREET ADDRESS										
CITY - ST - ZIP	DENVER	CO						1.4 CITY-	ST- Z	IP		·····						
TITLE	SD		011100		Ш	DELETE	- 1	2.1 TITLE								Change		Addition
NAME .			CHARD J.				- 1	22 NAME										
STREET ADDRESS	DENVER		, STE. 2555				4	23 STREE				e .						
CITY-ST-ZiP TITLE	PERVEN	<u> </u>			П	DELETE	*****	2. 4 CITY - 3.1 TITLE	51-2	ir I		<del></del>				Change		Addition
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NAME Placet Annaece							- 1	6.2 NAME		NOTES								
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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.