

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P34264 (2)

1. Corporation Name

ROCKY MOUNTAIN CONSULTANTS, INC.



Principal Place of Business

Mailing Address

700 FLORIDA AVE #500
LONGMONT CO 80501

700 FLORIDA AVE #500
LONGMONT CO 80501

3. Date Incorporated or Qualified

06/11/1991

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 825 Delaware Avenue

26 825 Delaware Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 500

27 # 500

City & State

City & State

23 Longmont, CO

28 Longmont, CO

Zip

Country

Zip

Country

24 80501

25 Boulder

29 80501

30 Boulder

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEERE, CARMEN G.
6834 SW 35TH WAY
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VECCHI, JENNIFER	
STREET ADDRESS	3509 CAMDEN DR	
CITY - ST - ZIP	LONGMONT CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEERE, DON	
STREET ADDRESS	8620 FAIRWAYS DR.	
CITY - ST - ZIP	LONGMONT CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEDER, G.W. JR.	
STREET ADDRESS	1529 FRONTIER	
CITY - ST - ZIP	LONGMONT CO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AULT, DANIEL	
STREET ADDRESS	7835 MIDDLEFORK RD.	
CITY - ST - ZIP	BOULDER CO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, LEONARD	
STREET ADDRESS	16233 E. LOUISIANA	
CITY - ST - ZIP	AURORA CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULER, WILLIAM	
STREET ADDRESS	2770 S. ELMIRA #2	
CITY - ST - ZIP	DENVER CO	

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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wilson, Leonard
5.3 STREET ADDRESS	10520 N. Tabor Drive
5.4 CITY - ST - ZIP	Castle Rock, CO 80104
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

303-772-5283

Date Daytime Phone #

CR2E034 (12/95)