85 Zip Code

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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044894

COLORADO CHOICE DISTRIBUTORS, INC.

RAULERSON, JAMES L JR

1025 S SEMORAN BLVD

WINTER PK FL 32792

STE 1075

Principal Place of Business	Mailing Address 1025 S SEMORAN BLVD STE 1075 WINTER PK FL 32792 US 2a. Mailing Address 26 Suite, Apt #, etc.			
1025 S SEMORAN BLVD STE 1075 WINTER PK FL 32792 US				
2. Principal Place of Business				
Suite, Apt. #, etc.				
City & State	City & State			
Zip Country	Zip Country			
24 25 Name and Address of Cu	Livrent Registered Agent			

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/30/1993 4. FEI Number Applied For 59-3189328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

APPRUVE!

AND

FILED

99 MAY -5 PH 6: 41

SECRETARY OF STATE TALL AHASSEE, FLORIDA

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.

81 Name

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SIGNATURE	Signature, typed or printed name of registered agent and tille if applica		To - Prosident Registered Agent's gnature r	my of the remaining DATE DATE	3
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	PVTS	□ DELETE	1 1 TITLÉ	[_] Change	Addition
NAME	RAULERSON, JAMES L JR		1.2 NAME		
STREET ADDRESS	1025 S SEMORAN BLVD #1075		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PK FL 32792		14 City-St-ZiP		
TITLE		☐ DELETE	21 TITLE	900002870 ⁹	no#bbA[]
NAME			2 2 NAME	800002870928 -05/11/9901004-	-008
STREET ADDRESS			2 3 STREET ADDRESS	****300,00 ****	150,00
CITY-ST-ZIP			2 4 CITY-ST-7IP		
TITLE		☐ DELETE	31 TITLE	[] Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	[] Change	[] Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE	[] Change	Addition
NAME			5.2 NAME	1 0 1	<u> </u>
\$TREET ADDRESS			53 STREET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP			54 CITY-ST-ZIP	1 - 100)
TITLE		DELETE	6 1 TITLE	7 Change	[]] Add/bon
NAME			62 NAME		
STREET ADDRESS			63 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

James L. Kaulerson, Ja 04/30/99