

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

95 JUL -5 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000029949 (2)**

1. Corporation Name  
**FIRST CIRCLE, INC.**

Principal Place of Business Mailing Address  
5200 BLUE LAGOON DR. SUITE 200 MIAMI FL 33126  
5200 BLUE LAGOON DR. SUITE 200 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/20/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 **1125 17TH STREET** 26 **1125 Seventeenth St**

4. FEI Number **58-2084918** Applied For Not Applicable

Suite, Apt. #, etc. 27  
22 **SUITE 1500** 27 **1500**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 28  
23 **DENVER, CO** 28 **DENVER COLORADO**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country 29 30  
24 **80202** 25 **US** 29 **80202** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>GILMAN MILES E</b>
STREET ADDRESS	<b>5200 BLUE LAGOON DR., SUITE 200</b>
CITY ST. ZIP	<b>MIAMI FL 33126</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PATRICK J. FORTUNE</b>
1.3 STREET ADDRESS	<b>1125 17TH STREET SUITE 1500</b>
1.4 CITY ST. ZIP	<b>DENVER, CO 80202</b>
2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SAM R. LENO</b>
2.3 STREET ADDRESS	<b>1125 17TH STREET SUITE 1500</b>
2.4 CITY ST. ZIP	<b>DENVER, CO 80202</b>
3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RICHARD SMITH</b>
3.3 STREET ADDRESS	<b>1125 17TH STREET, SUITE 1500</b>
3.4 CITY ST. ZIP	<b>DENVER, CO 80202</b>
4.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JAMES M. SWEENEY</b>
4.3 STREET ADDRESS	<b>1125 17TH STREET, SUITE 1500</b>
4.4 CITY ST. ZIP	<b>DENVER, CO 80202</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST. ZIP	
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 110.07(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 or in an attachment with an address.

SIGNATURE: *[Signature]*  
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/95 (404)442-2160  
Date (Optional) (Phone)

CR2E034 (3/95)