

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

DOCUMENT # P94000029949 (2)

1. Corporation Name  
FIRST CIRCLE, INC.

Principal Place of Business

1125 17TH STREET, SUITE 1500  
DENVER CO 80202  
US

Mailing Address

1125 17TH STREET, SUITE 1500  
DENVER CO 80202-2030  
US

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

21 1125 17th Street

Suite, Apt. #, etc.

22 Suite 2100

City & State

23 Denver, CO

Zip

24 80202

Country

25 US

2a. Mailing Address

26 1125 17th Street

Suite, Apt. #, etc.

27 Suite 2100

City & State

28 Denver, CO

Zip

29 80202

Country

30 US

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

09/09/1996

4. FEI Number

58-2084918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of principal officer, registered agent and treasurer (if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME AMARAL, DONALD J  
STREET ADDRESS 844 TREEMONT COURT  
CITY- ST- ZIP NASHVILLE TN 37220  
☐ DELETE

TITLE SD  
NAME SMITH, RICHARD M  
STREET ADDRESS 5987 NOME STREET  
CITY- ST- ZIP ENGLEWOOD CO 80111  
☐ DELETE

TITLE  
NAME MOGRANN, KELLY J  
STREET ADDRESS 6332 PRIMROSE LANE  
CITY- ST- ZIP NIWOT CO 80503  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY- ST- ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Smith

Date

1-1-97

302-296-4973

Daytime Phone #

CR2E034 (9/96)