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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033681 (4)

GARA, INC.

FILED Apr 21 1997 8:00am Secretary of State



| | of Business | Mailing Address | | | | nin galaa kuta uuna auta ta | |
|---|--|-------------------------------|---|--|---|-----------------------------|------------------------|
| 24 CALLE UNO 24 CALLE UNO KEY WEST FL 33040-54 | | |) | | | | |
| | | | | | Date Incorporated or Qualified 04/28/1995 | 3a, Date of Last 04/22/1996 | Report |
| | ace of Business | 2a, Mailing Address | . ^ | | 4. FEI Number | | pplied For |
| 172 | Indian River Drive | 26 1721 In | <u>dian Ki</u> | ver DC | 65-0599720 | | lot Applicable |
| Suite, Apt. # | tian, Flurida | Suite, Apt. #, etc. | | • - | 6. Certificate of Status Desired | | Additional Required |
| City & State | | City & State | | ,,,,, ,,,, ,,,,, ,,,,,, ,,,,,,,,,,,,,, | 6. Election Campaign Financing | | May Be |
| 3 Sebas | stian, Florida | 28 Sebastia | ハト | Lorida | Trust Fund Contribution | | to Fees |
| Zip | Country | 29 32958 | Countr | у | 8. This corporation has liability for | | s. 199.032, |
| 43295 | | | 30 U | <u>SA</u> | | Yes No | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name ^ | 10. Name and Address of New F | registered Agent | |
| | HER, CATHERINE | | | | atherine baith | er | |
| | ALLE UNO | | 82 | | ess (P.O. Box Number is Not Accept | | |
| KEY | WEST FL 33040 | | 83 | | 21 Indian Riv | er Drive | |
| | | | | | | | |
| | | | 84 | City S | ebastian | FL 85 Zip | Coole |
| 11 Duzenani t | o the provisions of Sections 607 0502 | and 607 1508 Florida Statu | tes the abou | a named corn | gration submits this statement for the | nurnose of changing | its registered |
| office or re | o title provisions of Sections do?.coo2 egistered agent, or both, in the State on tamiler with, and accept the obligat | f Florida. Such change was | authorized b | y the corporati | on's board of directors. I hereby acc | ept the appointment a | s registered |
| agent Lar | n lamily with, and accept the obligat | oris of, Section 607.0505, FI | orida Statute | s. | | 111,5/07 | |
| SIGNATURE : | canony ry. | and title if applicable. (NO) | TF: Barielared Ar | ant tional tre regide | ed when reinstating) | 4/13/7 F | <u> </u> |
| 12. | OFFICERS AND | | 13. | Jent signature region | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTO | RS IN 12 |
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| NAME | GAITHER, CATHERINE M | | 1.2 NAME | 1 | | | , |
| STREET ADDRESS | 2066 E. MINERAL AVENUE | | | T ADDRESS | | | |
| CITY ST-7IP | LITTLETON CO 80122 | | 1.0 STREE | i | | | |
| TIPLE | LITTLE TON OU BUILE | | 14 (111- | | | | |
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1 do hereby derify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statules. 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

ATTULE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 561.589-276