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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000064758 (2)

1. Corporation Name

C.F. TRUST, INC.

Principal Place of Business

250 VALENCIA AVENUE
CORAL GABLES FL 33134

Mailing Address

250 VALENCIA AVENUE
CORAL GABLES FL 33134-5806

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

APPLIED FOR 65-0611168

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$5.00 May Be
Added to Fees

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

X

Yes

No

9. Name and Address of Current Registered Agent

MILLER, GEORGE
250 VALENCIA AVENUE
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME MILLER, GEORGE
STREET ADDRESS 250 VALENCIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE V
NAME HENNESSY, DAVID C
STREET ADDRESS 22481 PLEASANT PARK ROAD
CITY-ST-ZIP CONIFER CO 80433

TITLE VS
NAME BERKOWITZ, JOEL S
STREET ADDRESS 2115 KNAAB DRIVE
CITY-ST-ZIP BOZEMAN MT 59715

TITLE V
NAME COOLEY, WILLIAM O
STREET ADDRESS 10836 PLEASANT HILL DRIVE
CITY-ST-ZIP POTOMAC MD 20854

TITLE A
NAME MAHONEY, LYNDA
STREET ADDRESS 4815 S PINE ROAD
CITY-ST-ZIP EVERGREEN CO 80439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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 A
6.2 NAME Simpson, Anna M.
6.3 STREET ADDRESS 850 Hangmans Road
6.4 CITY-ST-ZIP Bailey, CO 80421

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:

David C. Hennessy

4/17/97

(303) 697-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0183572

CR2E034 (9/96)