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 # P95000088728 (7)

DENVER SYSTEMS SOLUTIONS, INC.

APPROVED PORCE

1997 MAY -2 PM 12: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Ad	ldress			}	
	ECK KING & ARAD LLP UE., 18TH FLOOR ' 10022	950 3RD A	AN BECK KING IVENUE., 18TH (NY 10022-270	FLOOR			
						3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 10/24/1996
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26			65-0624695 Not Applicable		
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		27	Stato				Fee Required
23 City & State	i		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip Country		Zip Country			8. This corporation has liability for	
24	25	29		30			Inlangible tax under s. 199.032, ☐ Yes ☐ No
<u> </u>	9. Name and Address of Cur		gent	12-1		10. Name and Address of New Re	
	RPORATION SERVICE COMP	ANY	·	81	Name		
1201 HAYES STREET					82 Street Address (P.O. Box Number is Not Acceptable)		
TAL	LAHASSEE FL 32301				Di COI A	- The Grade (1.16) Box To The	
				63	. 		
				84	City		85 Zip Code
					·		FL
11. Pursuant t	to the provisions of Sections 607.	.0502 and 607 1508,	, Florida Statut	es, the above	e-named c	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered
agent. I a	m familiar with, and accept the ol	bligations of, Section	n 607.0505, Flo	orida Statute:	тно согре 3.	station of business in the colors. I hereby doce	princ appointment as registered
SIGNATURE							
12.	Signalure, typod or printed name of registerer	d agent and tide if applicable AND DIRECTORS	lo (NO1)	E: Registered Age	ed signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	D		DELETE	13. 1110LE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	NATHAN, GEOFFREY		Part Process	1.2 NAME	İ		Onlings Multipl
STREET ADDRESS	950 3RD AVENUE., 18TH F	FLOOR)R		ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022			1.4 C(1) · S	1		
TITLE		··	DILETE	2.1 7171.6		Brew, Karen E. D	Change xx Addition
NAME				2.2 NAME		c/o Bourne Concourse,	Peelstreet
STREET ADDRESS						•	M8 1JJ
CITY-ST-ZIP				2 4 CHY-	1	• · · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	317011			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP		•		3.4. C(1)Y+	51 - 21P		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAM		800002	1649169
STREET ADDRESS				4.3 STREET	ADDRESS	PUUUUE	104910
CITY-ST-ZIP				4.4 CHY - S	T - 7IP		
TITLE			☐ DELFTE	51¶HL[Change Addition
NAME	•			5.2 NAME	1		
STREET ADDRESS				5.3 BTREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - 9	T- ZIP		
TITLE			DELETE	6.1 1111.6	ļ		Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 \$ TREET	ADDRESS		
CITY-ST-7IP				sa čny. s	1 21P		

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 eath; 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.

NOWATURE V GIOLENAL WIELBOOM



ACCOUNT NO. : 072100000032

REFERENCE :

352714 7124230

AUTHORIZATION

COST LIMIT

ORDER DATE: May 2, 1997

ORDER TIME : 2:33 PM

ORDER NO. : 352714-010

CUSTOMER NO:

7124230

CUSTOMER: Ms. Karen Brew

Charterhouse Corporate

Bourne Concourse

Peal Street

Ramsey, UK IM8 1JJ

SUBMISSION CIGIOS CON CONTROL
ANNUAL REPORT FILING

500002165455--8

NAME:

DENVER SYSTEMS SOLUTIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: