## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

	1996	A STATE OF THE STA		ecretary of State NOF CORPORATIONS		
DOCU 1. Corporat	UMENT # P	9500009				
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	ace of Business	Mail	ling Address			
1400 COL	LORADO STATE BANK BLDG.			STATE BANK BLDG.		in aditi datigi rasar sidia anjat tidit lade 1886
1600 BRO DENVER C	DADWAY	16	600 Broadway Enver co 80202			
	Place of Business	2a, \	* Addrage		<ol> <li>Date Incorporated or Qualified 12/01/1995</li> </ol>	3a. Date of Last Report
21		[_2a, M [26]	Mailing Address		4. FEI Number	Applied For
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.		58-2012372	Applied For Not Applicable
City & Stat		27			5. Certificate of Status Desired	\$8.75 Additional
23	te	F	ity & State		6. Election Campaign Financing	Fee Required
Zip	Country	<b>28</b>			Trust Fund Contribution	\$5.00 May Be
24	25	30		Country 30	8. This corporation has liability for it	Added to Fees
	9. Name and Address	of Current Register	ed Agent	[30]	Yes	I INo
00000				81 Name	10. Name and Address of New Ro	egistered Agent
CURPU	ORATION SERVICE COM	PANY				
1201 F1 TALLAL	HAYS STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
IALLA	HASSEE FL 32301-2525			83		
				84 City		
11. Pursuant t	to the provisions of Sections					<b>— ■ 85</b> Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sections ed agent, or both, in the Stat	607.0502 and 607.15 te of Florida Such cha	08, Florida Statu	ites, the above named corpo	oration submits this statement for the purp	FL 85 Zip Code
11. Pursuant to register familiar wit	to the provisions of Sections red agent, or both, in the Start Land accept the obligations	607.0502 and 607.15 te of Florida Such cha s of, Section 607.0505	08, Florida Statu 1rige was authori, 1, Florida Statute	ites, the above named corporation's books.	oration submits this statement for the purp ard of directors. I hereby accept the appoi	FL 85 Zip Code ose of changing its registered office ntment as registered agent. I am
	The state of the s	istered agent and tice if applical	able mus	ites, the above named corporation's books.	oration submits this statement for the purp and of directors. I hereby accept the appoi	ose of changing its registered office nament as registered agent. I am
2.	OFFIC	607.0502 and 607.15 tle of Florida Such cha is of, Section 607.0505 patient speciared the diagnosis	able mus	utes, the above named corporated by the corporation's books.	ed when reinstang)	DATE
I <b>2.</b> IILE	PD OFFIC	DERS AND DIRECTOR	able mus	ites, the above named corporation's books.	oration submits this statement for the purp and of directors. I hereby accept the appoind ad when reliations: ADDITIONS/CHANGES TO OFFIC	DATE
I <b>2.</b> TILE IAME	PD CAULKINS, GEORGE	DERS AND DIRECTOR	able (I) 3S	uites, the above named corporation's bords.  King Registered Agent signature require.  13.  1.1 DILE	ed when reinstang)	DATE
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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. I further appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: President President President

5/1/96

303-861-4230 Daytimo Prone #