

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S24170** (0)

1. Corporation Name

DSW ENTERPRISES, INC.



Principal Place of Business

**1315 NELSON ST
SUITE 9
LAKEWOOD CO 80215
US**

Mailing Address

**1315 NELSON ST
SUITE 9
LAKEWOOD CO 80215
US**

3. Date Incorporated or Qualified

01/10/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **6091 S. QUAIL WAY**

26 **6091 S. QUAIL WAY**

4. FEI Number

65-0244727

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **LITTLETON, CO**

28 **LITTLETON, CO**

Zip Country

Zip Country

24 **80127** 25 **US**

29 **80127** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBER, DONALD D.
11672 POINTE CIRCLE
FT. MYERS FL 33908**

81 Name

WEBER, DONALD D.

82 Street Address (P.O. Box Number is Not Acceptable)

1314 SW 33RD ST

83

84 City

CAPE CORAL

FL

85 Zip Code

33914

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

Donald D. Weber
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-15-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CPTD**
STREET ADDRESS **WEBER, DONALD D.**
CITY-STATE-ZIP **1315 NELSON ST. #9**
LAKEWOOD CO

1 1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **6091 S. QUAIL WAY**
14 CITY-STATE-ZIP **LITTLETON, CO 80127**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WEBER, JOHN D.**
CITY-STATE-ZIP **1314 SW 33RD ST**
CAPE CORAL FL

2 1 TITLE ☒ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP **ZIP CODE = 33914**

TITLE ☐ DELETE
NAME **VPSD**
STREET ADDRESS **WEBER, SANDRA J.**
CITY-STATE-ZIP **1315 NELSON ST. #9**
LAKEWOOD CO

3 1 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **6091 S. QUAIL WAY**
34 CITY-STATE-ZIP **LITTLETON, CO 80127**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WEBER, BRADLEY M.**
CITY-STATE-ZIP **10303 149TH ST CT E**
PUYALLUP WA

4 1 TITLE ☒ Change ☒ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP **ZIP CODE = 98374**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Donald D. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD D. WEBER

4-15-96 (303)972-7335
Date Daytime Phone #

CR2E034 (12/95)