Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90032 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S24170

DSW EN	TERPRISES, INC.					_					
Principal Place	e of Business	Mailing Addres	ss					i issiistik iis iisii siesi iisii san issii s	titli midii mimii ki	Tri mimir mis	itt BiBrr seer
5091 SOUTH QUAIL WAY LITTLETON CO 80127 US		6091 SOUTH QUAIL WAY LITTLETON CO 80127 US					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed			
		1 2m . se . W	lalan an					01/10/1991 4. FEI Number		T Anr	lied For
2. Principal Pl	lace of Business	— ·	2a. Mailing Address				- 1	65-0244727			Applicable
Suite, Apt.	#, etc	<u> </u>	Suite, Apt. #, etc.						\$	8.75 A	
City & State		27 City & Sta	City & State					6. Election Campaign Financing		\$5.00 t	viav Re
	0	28	⊢ '					Trust Fund Contribution		Added to	•
Zip	Country	Zip	Zip Cou					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Currer			<u> </u>				10. Name and Address of New Re	gistered Age	nt	
	· Teamo and Addition of the control			8	81	Name			<u> </u>		
WEB 3812			8	32	Street A	Addres	ress (P.O. Box Number is Not Acceptable)				
	E CORAL FL 33914										
				L				<u> </u>	<u>. 60 °.</u> 8	1. 5 Zip C	ode
					84	City			FL		
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	eot Florida. Such ch	ande was aut	nonzea i	UΥI	me corpo	corpor oration	ation submits this statement for the pu's board of directors. I hereby accept to	the appointme	nging its i int as reg	pistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: F	Registered A	geni	t signature re	equired v	when reinstating)	DATE		
12. OFFICERS AND DIRECTORS				13.	13.			ADDITIONS/CHANGES TO OFFI			
TITLE	CPTD		DELETE	1,1 TITL	£	ŀ				Change	☐ Addition
NAME	VEDEN, DONALD D.			1.2 NAN	Æ	1					\
STREET ADDRESS	1051 O GIORIE WAT			1.3 STR	1.3 STREET ADDRESS						ì
CITY-ST-ZIP	LITTLETON CO				1.4 CITY-ST-ZIP					Change	Addition
TITLE	D				2.1 TITLE					·	
NAME		WEDEN, JOHN D.			2.2 NAME						
STREET ADDRESS	1	_				ADDRESS	-	اسري دري ا	<u> </u>		-
CITY-ST-ZIP	<u> </u>			_	2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition)
TITLE	VPSD	_	JOLLETE	3.2 NAA					_		_
NAME	WEBER, SANDRA J.					TADDRESS					
STREET ADDRESS	6091 S QUAIL WAY LITTLETON CO			3.4. CIT			ı				ļ
CITY-ST-ZIP TITLE	D		DELETE	4.1 TITL		,,				Change	Addition
NAME	WEBER, BRADLEY M.			4. 2 NA	ME						ĺ
STREET ADDRESS	li			4.3 STR	EET	ADORESS	ļ				ļ
CITY-ST-ZIP	PUYALLUP WA			4.4 C/T	Y-S1	T-ZIP					
TITLE			DELETE	5.1 TITL	Æ] Change	☐ Addition
NAME				5.2 NAM	ИE		l				į
STREET ADDRESS	;					TADDRESS					ĺ
CITY-ST-ZIP				5.4 CIT		T-ZIP				10	- Addition
TITLE			DELETE	6.1 TITL					L] Change	Addition
NAME				6.2 NAM]				Ì
CEDEET ADDOCCO	d .			■ 6.3 STF	<tet< td=""><td>T ADDRESS </td><td>l</td><td></td><td></td><td></td><td></td></tet<>	T ADDRESS	l				

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP