FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S85100** **(3)**

1. Corporation Name

MANAGEMENT STRATEGIES & INVESTMENTS, INC.

Principal Place of Business
5959 CENTRAL AVE
S201
ST PETERSBURG FL 33710
US

Mailing Address
5959 CENTRAL AVE
S201
ST PETERSBURG FL 33710
US

2. Principal Place of Business
21 4100 E. Mississippi Ave.
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Denver, Colorado
Zip 24 80222
Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

3. Date Incorporated or Qualified: 10/03/1991

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3087916 — 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

9. Name and Address of Current Registered Agent

VERONA, JAY B P.A.
5959 CENTRAL AVE
S201
ST PETERSBURG FL 33710

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 resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GREEN, BEATRICE R
STREET ADDRESS	104 E. THIRD AVE.
CITY-ST-ZIP	WINDERMERE FL
TITLE	P
NAME	GREEN, BENJAMIN I
STREET ADDRESS	585 ITHACA
CITY-ST-ZIP	BOULDER CO
TITLE	VPST
NAME	PELFREY, TRACEY L
STREET ADDRESS	6870 W 91 CT APT 8-108
CITY-ST-ZIP	WESTMINSTER CO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD
1.2 NAME	Green, Benjamin I.
1.3 STREET ADDRESS	4865 Dakota Blvd.
1.4 CITY-ST-ZIP	Boulder, Colorado 80304
2.1 TITLE	ST
2.2 NAME	Olesh, Gerald
2.3 STREET ADDRESS	480 S. Marion Parkway, #1204
2.4 CITY-ST-ZIP	Denver, Colorado 80209
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	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

XX Change ☐ Addition
☐ Change XX Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

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: _____
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/95
Date

505 7560023
Daytime Phone #

0300007 CP