

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morjham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S85100** (3)  
1. Corporation Name  
**MANAGEMENT STRATEGIES & INVESTMENTS, INC.**

Principal Place of Business <b>4100 E. MISSISSIPPI AVE SUITE 300 DENVER CO 80222 US</b>	Mailing Address <b>5959 CENTRAL AVE S201 ST PETERSBURG FL 33710 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/03/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3087916</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VERONA, JAY B P.A. 5959 CENTRAL AVE S201 ST PETERSBURG FL 33710</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				86	
87				88	

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 *Jay Veron* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME <b>PD GREEN, BENJAMIN I</b>				1.2 NAME <b>PD GREEN, BENJAMIN I.</b>			
1.3 STREET ADDRESS <b>4865 DAKOTA BLVD BOULDER CO</b>				1.3 STREET ADDRESS <b>4865 DAKOTA BLVD BOULDER CO 80304-4322</b>			
1.4 CITY-ST-ZIP				1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME <b>ST OLESH, GERALD</b>				2.2 NAME <b>ST OLESH, GERALD</b>			
2.3 STREET ADDRESS <b>480 S. MARION PKWY #1204 DENVER CO</b>				2.3 STREET ADDRESS <b>480 S. MARION PKWY #1204 DENVER CO 80209-2591</b>			
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME <b>D GREEN, BEATRICE</b>				3.2 NAME <b>D GREEN, BEATRICE</b>			
3.3 STREET ADDRESS <b>4865 DAKOTA BLVD BOULDER CO</b>				3.3 STREET ADDRESS <b>4865 DAKOTA BLVD BOULDER CO 80304-4322</b>			
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Benjamin I. Green* 3/13/98

CP2E034 (10/97)