

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V21200** (3)
1. Corporation Name
COLORADO CONSTRUCTION COMPANY, INC.



Principal Place of Business 531 ONE CENTER BLVD. #302 ALTAMONTE SPRING FL 32701	Mailing Address 531 ONE CENTER BLVD. #302 ALTAMONTE SPRING FL 32701
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3. Date Incorporated or Qualified 03/13/1992	3a. Date of Last Report 08/05/1996
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2. Principal Place of Business 21 6612 Mission club Blvd Suite, Apt #, etc. 22 # 201 City & State 23 Orlando, FL Zip 24 32821	2a. Mailing Address 26 6612 Mission club Blvd Suite, Apt #, etc. 27 # 201 City & State 28 Orlando, FL Zip 29 32821
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4. FEI Number 59-3146890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DION, MICHAEL
531 ONE CENTER BLVD. #302
ALTAMONTE SPRING FL 32701**

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
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DION, MICHAEL	1.2 NAME	
STREET ADDRESS	531 ONE CENTER BLVD. #302	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE FL 32701	1.4 CITY - ST - ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, BENOIT	2.2 NAME	
STREET ADDRESS	531 ONE CENTER BLVD. #302	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE FL 32701	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DION, MICHAEL	3.2 NAME	
STREET ADDRESS	6612 Mission club Blvd # 201	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32821	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97

Date

(407) 238-9619

Daytime Phone #

0518091

CR2E034 (9/96)