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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90145 004 ***150.00

05-43980

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004315

1. Corporation Name
ACCESS LOGIC, INC.



Principal Place of Business 13111 E BRIARWOOD AVE #330 ENGLEWOOD CO 80112 US	Mailing Address PO BOX 3436 ENGLEWOOD CO 80155-3436
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 09/05/1995	4. FEI Number 84-1243142	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FULLER, BARRY J
FULLER & ASSO., ATTORNEY AT LAW
2301 PARK AVE.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PM	<input type="checkbox"/> DELETE
NAME	BARBER, JUDY	
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BARBER, STEPHEN	
STREET ADDRESS	10978 E CRESTRIDGE CIRCLE	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, MARVIN	
STREET ADDRESS	PO BOX 3436 N/A	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, EVELYN-JO	
STREET ADDRESS	PO BOX 3436 N/A	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINS, ERIC	
STREET ADDRESS	9177 ROCKLAND PL	
CITY-ST-ZIP	LITTLETON CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEWIS, MARVIN
3.3 STREET ADDRESS	6421 S. JAMAICA CIR.
3.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEWIS, EVELYN-JO
4.3 STREET ADDRESS	6421 S. JAMAICA CIR
4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80111
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LINS, ERIC
5.3 STREET ADDRESS	11064 HERMITAGE RUN
5.4 CITY-ST-ZIP	LITTLETON CO 80123
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	YOUNG, CURT JR
6.3 STREET ADDRESS	13781 GERONA DR., N.
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224

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.

SIGNATURE: _____ DATE: 2/23/99 DAYTIME PHONE #: (303) 850 7011

CR2E034 (11/98)