

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

FILED
Aug 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005078

1. Corporation Name
FIRST CHOICE FOR CONTINENCE, INC.



Principal Place of Business
4500 EAST NINTH AVENUE - SE 3305 - DENVER CO 80220

Mailing Address
4500 EAST NINTH AVENUE - SE 3305 - DENVER CO 80220

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1132 Gardenway Suite, Apt. #, etc. 22 City & State 23 Manhattan, KS Zip Country 24 66502 25 U.S.A.		2a. Mailing Address 26 1132 Gardenway Suite, Apt. #, etc. 27 City & State 28 Manhattan, KS Zip Country 29 66502 30 U.S.A.		3. Date Incorporated or Qualified 10/02/1996	
				4. FEI Number 84-1278575 Applied For 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FINSTROM, KAREN 3493 WINCHESTER DRIVE PORT ORANGE FL 32119				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, CARL	1.2 NAME	
STREET ADDRESS	4500 EAST 9TH AVE., STE 3305	1.3 STREET ADDRESS	7247 South Sundown Circle
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	Littleton, CO 80120
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINSTROM, KAREN	2.2 NAME	
STREET ADDRESS	14829 MAHOE CT	2.3 STREET ADDRESS	3493 Winchester Drive
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-ST-ZIP	Port Orange, FL 32119
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLKERTS, DEB	3.2 NAME	
STREET ADDRESS	1808 LITTLE KITTEN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANHATTAN KS	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 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: *[Signature]* 5/1/99 785-539-1787
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)