


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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J42695 (3)**

1. Corporation Name  
**BEACON PROPERTIES, INC.**



Principal Place of Business 6917 TIMBERS DRIVE EVERGREEN CO 80439	Mailing Address 6917 TIMBERS DRIVE EVERGREEN CO 80439 <i>P.O. Box 3065                  EVERGREEN, CO                  80437-3065</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26	<i>PO BOX 3065</i>		11/18/1986
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2761116	
22 City & State		27 City & State		5. Certificate of Status Desired	
<i>EVERGREEN, CO</i>		<i>EVERGREEN, CO</i>		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
<i>80437-3065</i>		<i>80437-3065</i>	<i>JEFF.</i>	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARRABRENDTS, E. L. JR. 8008 MAIN STREET NEW PORT RICHEY FL 34853				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHEIKHA, KIMBERLY</b>	1.2 NAME	<i>P HOELDTKE CLYDE B. JR</i>
STREET ADDRESS	<b>88 VIA CANDELARIA</b>	1.3 STREET ADDRESS	<i>6917 TIMBERS DR.</i>
CITY - ST - ZIP	<b>COTO DE CASA CA 92670</b>	1.4 CITY - ST - ZIP	<i>EVERGREEN, CO 80439</i>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOELDTKE, CLYDE B JR.</b>	2.2 NAME	<i>JOAN R. HOELDTKE</i>
STREET ADDRESS	<b>6917 TIMBERS DRIVE</b>	2.3 STREET ADDRESS	<i>6917 TIMBERS DR.</i>
CITY - ST - ZIP	<b>EVERGREEN CO 80439</b>	2.4 CITY - ST - ZIP	<i>EVERGREEN, CO 80439</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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 60, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *CLYDE B HOELDTKE JR* *4/22/98* *303/674-3542*

CR2E034 (1/097)