


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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05178 (9)
 1. Corporation Name
HARBOURTON REASSURANCE, INC.



Principal Place of Business 2530 S PARKER RD SUITE 500 AURORA CO 80014 US	Mailing Address 2530 S PARKER RD SUITE 500 AURORA CO 80014 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/04/1985

2. Principal Place of Business 21 3025 S. PARKER RD. Suite, Apt #, etc. 22 SUITE #109 City & State 23 AURORA CO Zip 24 80014	2a. Mailing Address 26 3025 S. PARKER ROAD Suite, Apt #, etc. 27 SUITE #109 City & State 28 AURORA CO Zip 29 80014	Country 25 ARAPAHOE	Country 30 ARAPAHOE
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4. FEI Number 23-2038295	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: Bonnie C. Wylde (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHMIT, HERMAN H. 2530 SOUTH PARKER RD. SUITE 500 AURORA CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WINOKUR, ANDREW S 2530 SOUTH PARKER RD. SUITE 500 AURORA CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BRENT DUPES 2530 SOUTH PARKER RD SUITE 500 AURORA CO	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TV THOMAS A BARRETT 2530 SOUTH PARKER RD. SUITE 500 AURORA CO	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, DAVID W. 2530 SOUTH PARKER RD. SUITE 500 AURORA CO	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAREY, JAMES J. 2530 SOUTH PARKER RD SUITE 500 AURORA CO	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	3025 S. PARKER RD., SUITE #109 AURORA CO 80014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	3025 S. PARKER RD., STE # 109 AURORA CO 80014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	3025 S. PARKER RD., STE #109 AURORA CO 80014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TV BONNIE C. WYLDE 3025 S. PARKER RD., STE #109 AURORA CO 80014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	3025 S. PARKER RD., STE #109 AURORA CO 80014	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	3025 S. PARKER RD., STE #109 AURORA CO 80014	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bonnie C. Wylde **BONNIE C. WYLDE** 01/13/98 (303) 695-7801

CFR2E034 (10/97)