

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P11655** (8)  
1. Corporation Name  
**COHIG & ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**6300 S. SYRACUSE WAY SUITE 430 ENGLEWOOD CO 80111**

3. Date Incorporated or Qualified **10/02/1986** 3a. Date of Last Report **10/13/1995**  
4. FEI Number **84-0980477** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

21. Principal Place of Business 22. Suite, Apt. #, etc. 23. City & State 24. Zip 25. Country  
26. Mailing Address 27. Suite, Apt. #, etc. 28. City & State 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**ELLIOTT, SCOTT  
4907 TROYDALE RD.  
TAMPA FL 33615**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City 85. Zip Code **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or printed name of registered agent and secretary, if applicable) (Name, Registered Agent, Street Address, City, State, and Zip Code)

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>HINKLE, STEVEN R</b>	
STREET ADDRESS	<b>6300 S. SYRACUSE WY.. #430</b>	
CITY-STATE-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LARKIN, EDWARD C</b>	
STREET ADDRESS	<b>6300 S. SYRACUSE WY. #430</b>	
CITY-STATE-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWE, TERRI E</b>	
STREET ADDRESS	<b>6300 S. SYRACUSE WY. #430</b>	
CITY-STATE-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOTTEN, RIKE D</b>	
STREET ADDRESS	<b>3700 E. ALAMEDA AVE. #500</b>	
CITY-STATE-ZIP	<b>DENVER CO 80111</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOSCH, JAMES E</b>	
STREET ADDRESS	<b>6300 S. SYRACUSE WY. #430</b>	
CITY-STATE-ZIP	<b>ENGLEWOOD CO 80111</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DRENNE, DAVID H</b>	
STREET ADDRESS	<b>6300 S. SYRACUSE WY. #430</b>	
CITY-STATE-ZIP	<b>ENGLEWOOD CO 80111</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<b>Vice President &amp; Director</b>
15. STREET ADDRESS	<b>Ralph O. Olson</b>
16. CITY-STATE-ZIP	<b>6300 S. Syracuse Way #430</b>
17. CITY-STATE-ZIP	<b>Englewood, CO 80111</b>
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edward P. Larkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Edward P. Larkin - President**

January 25, 1996 303-694-0295

CR2E034 (12/95)