

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P11655 (8)

1. Corporation Name
COHIG & ASSOCIATES, INC.



Principal Place of Business 6300 S. SYRACUSE WAY SUITE 430 ENGLEWOOD CO 80111	Mailing Address 6300 S. SYRACUSE WAY SUITE 430 ENGLEWOOD CO 80111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6300 S Syracuse Way Suite, Apt. #, etc. 22 Suite 400 City & State 23 Englewood Co Zip 24 80111	2a. Mailing Address 26 6300 S Syracuse Way Suite, Apt. #, etc. 27 Suite 400 City & State 28 Englewood Co Zip 29 80111	3. Date Incorporated or Qualified 10/02/1986	3a. Date of Last Report 03/04/1996	4. FEI Number 84-0980477	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 Norton, Greg
82 Street Address (P.O. Box Number is Not Acceptable) 1200 N. Federal Highway
83 Suite 301
84 City Boca Raton FL 85 Zip Code 33432

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 **7/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINKLE, STEVEN R		1.2 NAME	
STREET ADDRESS 6300 S. SYRACUSE WY.. #430		1.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD CO 80111		1.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARKIN, EDWARD C		2.2 NAME	
STREET ADDRESS 6300 S. SYRACUSE WY. #430		2.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD CO 80111		2.4 CITY-ST-ZIP	
TITLE C	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWE, TERRI E		3.2 NAME	
STREET ADDRESS 6300 S. SYRACUSE WY. #430		3.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD CO 80111		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOTTEN, RIKE D		4.2 NAME	
STREET ADDRESS 3700 E. ALAMEDA AVE. #500		4.3 STREET ADDRESS	
CITY-ST-ZIP DENVER CO 80111		4.4 CITY-ST-ZIP	
TITLE VPO	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLSON, RALPH O		5.2 NAME Lavigne, David	
STREET ADDRESS 6300 SOUTH SYRACUSE WAY, #430		5.3 STREET ADDRESS 6300 S Syracuse way Ste 400	
CITY-ST-ZIP ENGLEWOOD CO		5.4 CITY-ST-ZIP Englewood Co 80111	
TITLE VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRENNE, DAVID H		6.2 NAME 6012, Harold	
STREET ADDRESS 6300 S. SYRACUSE WY. #430		6.3 STREET ADDRESS 6300 S Syracuse way #400	
CITY-ST-ZIP ENGLEWOOD CO 80111		6.4 CITY-ST-ZIP Englewood Co 80111	

14. I do 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.

SIGNATURE: *Steven R Hinkle*

9-2-97

CR2E034 (4/97)