

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 10: 25

DOCUMENT # P22189 (5)
1. Corporation Name
THERMAL-DYNAMIC TOWERS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
-12600 W COLFAX AVE -#C-500-
LAKEWOOD CO 80215-0734- -12600 W COLFAX AVE -#C-500-
-LAKEWOOD CO 80215-0734-

3. Date Incorporated or Qualified 12/20/1988 3a. Date of Last Report 03/01/1994

2. Principal Place of Business 2a. Mailing Address
21 143 Union Boulevard 26 143 Union Boulevard
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 Ste. 400 27 Ste. 400
City & State City & State
23 Lakewood, CO 80228 28 Lakewood, CO 80228
Zip Country Zip Country
24 80228 25 Jefferson 29 80228 30 Jefferson

4. FEI Number 51-0268494 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

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLASSEN, THOMAS J.H.
STREET ADDRESS	12600 W COLFAX AVE C-500
CITY - ST - ZIP	LAKEWOOD CO
TITLE	S
NAME	HORN, CHRISTIE
STREET ADDRESS	5355 MIRA SORRENTO PLACE
CITY - ST - ZIP	SAN DIEGO CA
TITLE	D
NAME	HOFFMEISTER, GERALD
STREET ADDRESS	5355 MIRA SORRENTO PL
CITY - ST - ZIP	SAN DIEGO CA
TITLE	D
NAME	KOCH, HERBERT
STREET ADDRESS	12600 W COLFAX AVE C-500
CITY - ST - ZIP	LAKEWOOD CO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2873 Cortina Lane
14 CITY - ST - ZIP	Evergreen, Colorado 80439
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	143 Union Boulevard, #400
44 CITY - ST - ZIP	Lakewood, Colorado 80228
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(9)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J.H. Glassen*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

01-23-95 (303) 987-0123