

[Empty rectangular box]

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

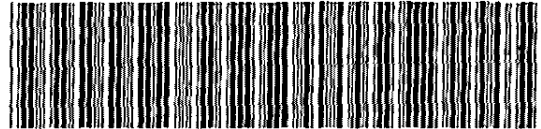
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



700037713527

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED  
AND  
FILED

95 JUN 28 PM 12:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000086666 (2)

1. Corporation Name  
 PI CONSTRUCTION CORPORATION

Principal Place of Business: 555 ZANG STREET STE. 106, LAKEWOOD CO 80228  
 Mailing Address: 555 ZANG STREET STE. 106, LAKEWOOD CO 80228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1260 S. JACO  
 22 City & State  
 23 DENVER CO  
 24 81223  
 25 Country

2a. Mailing Address  
 26 1260 S. JACO  
 27 City & State  
 28 DENVER CO  
 29 80223  
 30 Country

3. Date Incorporated or Qualified: 11/28/1994  
 3a. Date of Last Report  
 4. FEI Number: 84-1199992  
 5. Certificate of Status Desired:  \$0.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. This corporation has liability for intangible tax under s. 109.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
 CLARY, WILLIAM  
 339 LAKE MARIETTA DRIVE WEST  
 JACKSONVILLE FL 32220

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 FL Zip Code

11. Pursuant to the provisions of Sections 607.05(1) and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS BY 12	
12.1 TITLE		13.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
12.2 NAME		13.2 NAME	GEORGE A. MATHIAM
12.3 STREET ADDRESS		13.3 STREET ADDRESS	3304 PERRY LANE
12.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	AURORA IL 60504
12.5 OFFICE		13.5 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	
12.9 TITLE		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 NAME		13.13 NAME	
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY - ST - ZIP		13.15 CITY - ST - ZIP	
12.16 NAME		13.16 NAME	
12.17 STREET ADDRESS		13.17 STREET ADDRESS	
12.18 CITY - ST - ZIP		13.18 CITY - ST - ZIP	
12.19 NAME		13.19 NAME	
12.20 STREET ADDRESS		13.20 STREET ADDRESS	
12.21 CITY - ST - ZIP		13.21 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the provisions stated in Section 119.07(3)(b), Florida Statutes. I do hereby 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: *G. A. Mathiam*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/95  
 Date

Dr. [unclear]