

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V28441** (6)

1. Corporation Name  
**NYCON RESOURCES, INC.**

Principal Place of Business <b>12345 W ALAMED PKWY STE 212 LAKEWOOD CO 80228 US</b>	Mailing Address <b>12645 WEAT ALAMEDA PKWY SUITE 212 LAKEWOOD CO 80228 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/10/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>24-1021235</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>12345 WEST ALAMEDA PKWY</b>	2a. Mailing Address 26 <b>12345 WEST ALAMEDA PKWY</b>
Suite, Apt. #, etc. 22 <b>SUITE 212</b>	Suite, Apt. #, etc. 27 <b>SUITE 212</b>
City & State 23 <b>LAKEWOOD CO</b>	City & State 28 <b>LAKEWOOD CO</b>
Zip 24 <b>80228</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>80228</b>	Country 30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (If JFE, Registered Agent signature required when completing.) STATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NYE, ROBERT E</b>	1.2 NAME	
STREET ADDRESS	<b>7150 ESTERO BLVD APT 907</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>FT MYERS BEACH FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NYE, DANIEL A</b>	2.2 NAME	
STREET ADDRESS	<b>7150 ESTERO BLVD APT 907</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>FT MYERS BEACH FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TYLER, WALTER W.</b>	3.2 NAME	
STREET ADDRESS	<b>13019 Q. OHIO AVENUE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>LAKEWOOD CO</b>	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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(9)(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, changed, or on an attachment with an address.

SIGNATURE: *Robert E. Nye*  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR