

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V28441** (6)

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



Principal Place of Business: **12345 WEST ALAMEDA PKWY 212 LAKEWOOD CO 80228 US**  
Mailing Address: **12345 WEST ALAMEDA PKWY 212 LAKEWOOD CO 80228 US**

2. Principal Place of Business (21)  
Sub: Apt #, etc. (26)  
City & State (22)  
City & State (27)  
Zip (23) Country (25) Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/10/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **24-1021235**  
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 RD  
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(3), 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 hereby waiving and accepting the obligations of Section 607.09(2), Florida Statutes.

SIGNATURES  
12. OFFICERS AND DIRECTORS  
11 TITLE: **D**  
12 NAME: **NYE, ROBERT E**  
13 STREET ADDRESS: **7150 ESTERO BLVD APT 907**  
14 CITY - ST - ZIP: **FT MYERS BEACH FL**  
21 TITLE: **D**  
22 NAME: **NYE, DANIEL A**  
23 STREET ADDRESS: **7150 ESTERO BLVD APT 907**  
24 CITY - ST - ZIP: **FT MYERS BEACH FL**  
31 TITLE: **ST**  
32 NAME: **TYLER, WALTER W.**  
33 STREET ADDRESS: **13019 Q. OHIO AVENUE**  
34 CITY - ST - ZIP: **LAKWOOD CO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE:  Change  Addition  
12 NAME:  Change  Addition  
13 STREET ADDRESS:  Change  Addition  
14 CITY - ST - ZIP:  Change  Addition  
21 TITLE:  Change  Addition  
22 NAME:  Change  Addition  
23 STREET ADDRESS:  Change  Addition  
24 CITY - ST - ZIP:  Change  Addition  
31 TITLE:  Change  Addition  
32 NAME:  Change  Addition  
33 STREET ADDRESS:  Change  Addition  
34 CITY - ST - ZIP:  Change  Addition  
41 TITLE:  Change  Addition  
42 NAME:  Change  Addition  
43 STREET ADDRESS:  Change  Addition  
44 CITY - ST - ZIP:  Change  Addition  
51 TITLE:  Change  Addition  
52 NAME:  Change  Addition  
53 STREET ADDRESS:  Change  Addition  
54 CITY - ST - ZIP:  Change  Addition  
61 TITLE:  Change  Addition  
62 NAME:  Change  Addition  
63 STREET ADDRESS:  Change  Addition  
64 CITY - ST - ZIP:  Change  Addition

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)(a), 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. I am an officer or director of the corporation and the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Part 13 in change of an agent, but not an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96  
303-998-8877  
Digitally signed by

CR2E034 (12/95)