

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P22363 (6)
 1. Corporation Name
 INVESCO CAPITAL MANAGEMENT, INC.



Principal Place of Business: 1315 PEACHTREE ST. N.E. ATLANTA GA 30309
 Mailing Address: 1315 PEACHTREE ST. N.E. ATLANTA GA 30309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1988	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		58-1707262	
24 Zip		29 Zip		Applied For	
25 Country		30 Country		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				X \$8.75 Additional Fee Required	
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.				6. Election Campaign Financing Trust Fund Contribution	
SIGNATURE				7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
Signature, typed or printed name of registered agent and title if applicable				8. Yes <input type="checkbox"/> No <input type="checkbox"/>	
(NOTE: Registered Agent signature required when reinstating)				DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITHCELL, EDWARD C JR.	1.2 NAME	
STREET ADDRESS	1315 PEACHTREE ST., N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	PCEO	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, FRANK M	2.2 NAME	
STREET ADDRESS	1315 PEACHTREE ST NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLEY, DAVID A	3.2 NAME	
STREET ADDRESS	1315 PEACHTREE ST, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKAGGS, JULIE A ESQ	4.2 NAME	
STREET ADDRESS	1315 PEACK ST, NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	EVP	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUILAR, LUIS A	5.2 NAME	
STREET ADDRESS	1315 PEACHTREE ST NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

[Handwritten Signature]

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 ***158.75

14. I 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.



1315 Peachtree Street, N.E.
Suite 500
Atlanta, Georgia 30309
Telephone: (404) 892-0896

Dionne L. Luckey, Paralegal
Direct Dial: (404) 479-2907
Facsimile: (404) 479-2900

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July 16, 1998

Florida Department of State
Secretary of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

**Re: INVESCO Capital Management, Inc.; Document # P22363
1998 Annual Report**

To Whom It May Concern:

Enclosed is a completed 1998 Annual Report for INVESCO Capital Management, Inc.

Please note that an initial Notice for this annual report filing was not received at our offices. Accordingly for your consideration, and as per the instruction of a Representative of the Florida Secretary of State on July 1, 1998, enclosed is a check in the amount of \$158.75 representing the applicable filing fee (\$150.00), and a request for a Certificate of Status (\$8.75).

Please send the Certificate of Status to my attention at the address in this letterhead. If you should need any additional information, you may reach me directly at (404) 479-2907. Thank you in advance for your cooperation.

Very truly yours,

Dionne L. Luckey

Dionne L. Luckey

Enclosures