2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # F96000000436

Country

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

COLLIER, JOSEPH

FORBES, DAVID S.

DECATUR GA 30030

DECATUR GA

DECATUR GA

FLIPPIN, TEX

VPS

160 CLAIREMONT AVE., SUITE 600

160 CLAIREMONT AVE., SUITE 600

160 CLAIREMONT AVE, SUITE 600

(See criteria on back)

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

INTER MOBILE, INC. OF GEORGIA

	. 2
CLAIREMONT AVE #525	160 Clairemont ave #525 Decatur ga 30030-2532

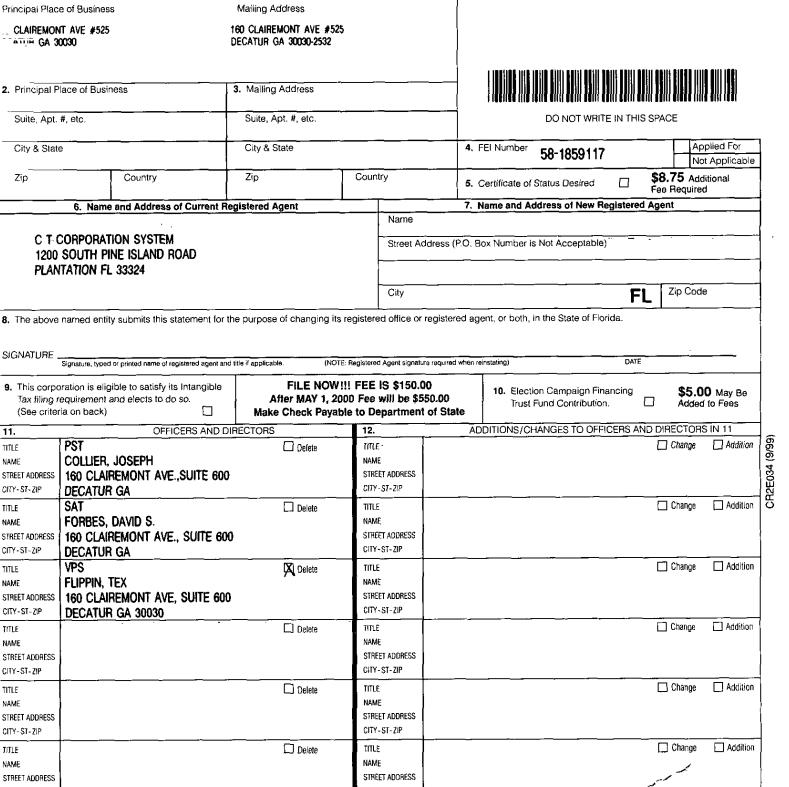
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90080 009 ***150.00



CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

12.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

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Delete

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SIGNATURE: