

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000001637

1. Corporation Name  
IFS DIRECT, INC.

Principal Place of Business  
12195 MARIPOSA ST., #100  
DENVER CO 80234

Mailing Address  
12195 MARIPOSA ST., #100  
DENVER CO 80234

FILED  
Sep 17, 1999 8:00 am  
Secretary of State

09-17-1999 90002 001 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

84-1275963

Applied For

Not Applicable

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 owes the current year  
Intangible Personal Property.



Yes



No

2. Principal Place of Business  
21 2420 W. 26th Ave.

2a. Mailing Address  
26 2420 W. 26th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300D

27 Suite 300D

City & State

City & State

23 Denver, CO

28 Denver, CO

Zip

Country

Zip

Country

24 80211

25 Denver

29 80211

30 Denver

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED  
1186 OCEAN SHORE BLVD., STE. 195  
ORMOND BEACH FL 32176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPST  
NAME RICHARDSON, MICHAEL S  
STREET ADDRESS 17130 W. 53RD AVE.  
CITY-ST-ZIP GOLDEN CO 80403

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BATSON, ANDREW R  
STREET ADDRESS 2322 BRISTOL ST.  
CITY-ST-ZIP SUPERIOR CO 80027

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME KENNEDY, THOMAS J  
STREET ADDRESS 21140 WILLOW PARK PL.  
CITY-ST-ZIP PARKER CO 80134

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE: THOMAS J. KENNEDY 9/7/99 303-226-8011

CR2E034 (5/99)

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