

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 <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1988	
21	22	26	27	4. FEI Number 58-1707262	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 T	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

*[Handwritten Signature]*

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 -07/24/98--01020--030  
 \*\*\*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