

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90047 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P22363

1. Corporation Name
INVESCO CAPITAL MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
 1315 PEACHTREE ST. N.E.
 ATLANTA GA 30309

3. Date Incorporated or Qualified
12/30/1988

4. FEI Number
58-1707262 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 Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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 D	<input type="checkbox"/> DELETE	2.1 TITLE DP CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BISHOP, FRANK M		2.2 NAME FRANK M. BISHOP	
STREET ADDRESS 1315 PEACHTREE ST NE		2.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA		2.4 CITY-ST-ZIP	
TITLE VCFO	<input type="checkbox"/> DELETE	3.1 TITLE T CFO (only)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTLEY, DAVID A		3.2 NAME DAVID A. HARTLEY	
STREET ADDRESS 1315 PEACHTREE ST, NE		3.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE S VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SKAGGS, JULIE A ESQ		4.2 NAME JULIE A. SKAGGS	
STREET ADDRESS 1315 PEACK ST, NE		4.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE VP AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AGUILAR, LUIS A		5.2 NAME LUIS A. AGUILAR	
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	

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, with all other like empowered.

SIGNATURE: Luis Aguilared **JAN. 14, 1999** (404) 892-0896
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
Luis A. Aguilar, Vice President, Assistant Secretary

CR2E034 (1/98)