

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38937 (9)
 1. Corporation Name
IMS-NET OF CENTRAL FLORIDA, INC.



Principal Place of Business 15000 WEST 6TH AVE., STE. 400 GOLDEN CO 80401 US	Mailing Address 15000 WEST 6TH AVE., STE. 400 GOLDEN CO 80401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 84-1199836	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				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.					

9. Name and Address of Current Registered Agent

**C T 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	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUPT, WILLIAM	1.2 NAME	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMELTZ, RICHARD	2.2 NAME	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHWORTH, ROBERT K	3.2 NAME	
STREET ADDRESS	15000 W 6TH AVE #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, DESMOND	4.2 NAME	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHANNON, DONALD	5.2 NAME	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, EDWARD B	6.2 NAME	D MIKE WHITED
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	6.3 STREET ADDRESS	15000 W. 6th Ave. #400
CITY-ST-ZIP	GOLDEN CO	6.4 CITY-ST-ZIP	GOLDEN, CO 80401

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 of this report, or in an attachment with an address.

SIGNATURE *[Signature]* **RICHARD T SMELTZ** 2-1-98 2717321

CR2E034 (10/97)