

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

**FILED**  
**Feb 06, 1999 8:00 am**  
**Secretary of State**

02-06-1999 90021 005 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P38937**

1. Corporation Name  
**IMS-NET OF CENTRAL FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **05/19/1992**  
 4. FEI Number: **84-1199836**  
 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HAUPT, WILLIAM	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMELTZ, RICHARD	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHWORTH, ROBERT K	
STREET ADDRESS	15000 W 6TH AVE #400	
CITY-ST-ZIP	GOLDEN CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, DESMOND	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOHANNON, DONALD	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITTED, MIKE	
STREET ADDRESS	15000 W 6TH AVE STE 400	
CITY-ST-ZIP	GOLDEN CO 80401	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Richard Smeltz 1/14/99 303-590-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)