

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

02-06-1999 90021 005 ***150.00

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	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
3. Date Incorporated or Qualified 05/19/1992			
4. FEI Number 84-1199836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 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 P/D		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		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		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		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		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		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WHITTED, MIKE		6.2 NAME	
STREET ADDRESS 15000 W 6TH AVE STE 400		6.3 STREET ADDRESS	
CITY-ST-ZIP GOLDEN CO 80401		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Smeltz 1/14/99

303-590-2200

Date

Daytime Phone #

CR2E034 (11/98)