

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAR 29 PM 7:02**

DOCUMENT # **P38937** (9)

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

Principal Place of Business: **500 E. ROLINS STREET, STE. 203, ORLANDO FL 32800 US**  
Mailing Address: **15000 WEST SIXTH AVENUE, SUITE 400, GOLDEN CO 80401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/19/1992**  
3a. Date of Last Report: **04/22/1994**

4. FCI Number: **84-1199836**  
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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business	22. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

**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	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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CPD</b>
NAME	<b>MCCHESENEY, JOHN A.</b>
STREET ADDRESS	<b>15000 W SIXTH AVE #400</b>
CITY ST ZIP	<b>GOLDEN CO</b>
TITLE	<b>D</b>
NAME	<b>CHENOWETH, DONALD S.</b>
STREET ADDRESS	<b>15000 W SIXTH AVE #400</b>
CITY ST ZIP	<b>GOLDEN CO</b>
TITLE	<b>D</b>
NAME	<b>MURPHY, JAMES</b>
STREET ADDRESS	<b>15000 W SIXTH AVE #400</b>
CITY ST ZIP	<b>GOLDEN CO</b>
TITLE	<b>V</b>
NAME	<b>SMELTZ, RICHARD J.</b>
STREET ADDRESS	<b>15000 W SIXTH AVE #400</b>
CITY ST ZIP	<b>GOLDEN CO</b>
TITLE	<b>ST</b>
NAME	<b>CHENOWETH, DONALD S.</b>
STREET ADDRESS	<b>15000 W SIXTH AVE #400</b>
CITY ST ZIP	<b>GOLDEN CO</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report (or biennial annual report) is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the secretary 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 change of the information is indicated.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR  
ANDERSEN

ARTHUR ANDERSEN & Co SC

TBC 11/5001  
p38937

Arthur Andersen LLP

Suite 1900  
717 17th Street  
Denver CO 80202-3341  
303 295 1900

March 15, 1995

Division of Corporations  
Annual Reports  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Dear Gentlemen:

Please acknowledge receipt of the item(s) below by signing this letter and returning it in the stamped envelope provided.

Very truly yours,

ARTHUR ANDERSEN LLP

By *Dean Dunn*  
Dean Dunn

Enclosures

LD/receipt

ITEM(S)

TAXPAYER

YEAREND

Extension

IMS-NET OF CENTRAL FLORIDA, INC.

12/31/94

Also enclosed is a check in the amount of \$200 in payment of taxes due.