

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38937** (9)

1. Corporation Name

IMS-NET OF CENTRAL FLORIDA, INC.



Principal Place of Business

500 E. ROLINS STREET
STE. 203
ORLANDO FL 32803
US

Mailing Address

15000 WEST SIXTH AVENUE, SUITE 400
GOLDEN CO 80401

3. Date Incorporated or Qualified 05/19/1992	3a. Date of Last Report 03/29/1995
4. FEI Number 84-1199836	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 602 COURTLAND ST.	26
22 300	27
23 ORLANDO, FL	28
24 32804	29
25	30

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	85 Zip Code
			FL	

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

RICHARD
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	CPD	1.1 TITLE
NAME	MCCHESENEY, JOHN A.	1.2 NAME
STREET ADDRESS	15000 W SIXTH AVE #400	1.3 STREET ADDRESS
CITY-ST-ZIP	GOLDEN CO	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE
NAME	CHENOWETH, DONALD S.	2.2 NAME
STREET ADDRESS	15000 W SIXTH AVE #400	2.3 STREET ADDRESS
CITY-ST-ZIP	GOLDEN CO	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	MURPHY, JAMES	3.2 NAME
STREET ADDRESS	15000 W SIXTH AVE #400	3.3 STREET ADDRESS
CITY-ST-ZIP	GOLDEN CO	3.4 CITY-ST-ZIP
TITLE	V	4.1 TITLE
NAME	SMELTZ, RICHARD J.	4.2 NAME
STREET ADDRESS	15000 W SIXTH AVE #400	4.3 STREET ADDRESS
CITY-ST-ZIP	GOLDEN CO	4.4 CITY-ST-ZIP
TITLE	ST	5.1 TITLE
NAME	CHENOWETH, DONALD S.	5.2 NAME
STREET ADDRESS	15000 W SIXTH AVE #400	5.3 STREET ADDRESS
CITY-ST-ZIP	GOLDEN CO	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM HAUPT	
1.3 STREET ADDRESS	602 COURTLAND ST., # 300	
1.4 CITY-ST-ZIP	ORLANDO, FL 32804	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH R. BERGLISON	
2.3 STREET ADDRESS	15000 W. 6TH AVE., #400	
2.4 CITY-ST-ZIP	GOLDEN, CO 80401	
3.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DESMOND CUMMINGS	
3.3 STREET ADDRESS	500 E. ROLINS ST.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32803	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DONALD BOHANNAN	
4.3 STREET ADDRESS	500 E. ROLINS ST.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32803	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

RICHARD J. SMELTZ

RICHARD J. SMELTZ

4-29-96 (303)271-7321

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)