

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

FILED

**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: 15000 WEST 6TH AVE., STE. 400, GOLDEN CO 80401, US

Mailing Address: 15000 WEST 6TH AVE., STE. 400, GOLDEN CO 80401-5047, US

3. Date Incorporated or Qualified: **05/19/1992**

3a. Date of Last Report: **05/01/1996**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)

2a. Mailing Address (26-30)

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 (81-85)

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: **4-18-97**

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 checked="" type="checkbox"/> DELETE
NAME	FERGUSON, JOSEPH	
STREET ADDRESS	15000 WEST 6TH AVE., STE. 400	
CITY-ST-ZIP	GOLDEN CO 80401	
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	MURPHY, JAMES	
STREET ADDRESS	15000 WEST 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 checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT K. ASHWORTH
3.3 STREET ADDRESS	DIRECTOR
3.4 CITY-ST-ZIP	15000 W. 6TH AVE. #400 GOLDEN, CO 80401
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 checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	EDWARD B. DANIELS
6.4 CITY-ST-ZIP	15000 W. 6TH AVE. #400 GOLDEN, CO 80401

14. I do 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.

SIGNATURE: _____ DATE: **4-18-97** DAYTIME PHONE: **(303) 271-7321**

CR2E034 (9/96)