


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90002 001 \*\*\*550.00

0120808

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F98000001637**

1. Corporation Name  
**IFS DIRECT, INC.**



Principal Place of Business 12195 MARIPOSA ST., #100 DENVER CO 80234	Mailing Address 12195 MARIPOSA ST., #100 DENVER CO 80234
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2420 W. 26th Ave. Suite, Apt. #, etc. 22 Suite 300D City & State 23 Denver, CO Zip 24 80211	2a. Mailing Address 26 2420 W. 26th Ave. Suite, Apt. #, etc. 27 Suite 300D City & State 28 Denver, CO Zip 29 80211	3. Date Incorporated or Qualified 03/23/1998	4. FEI Number 84-1275963	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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---

9. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED**  
 1186 OCEAN SHORE BLVD., STE. 195  
 ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MICHAEL S	1.2 NAME	
STREET ADDRESS	17130 W. 53RD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80403	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATSON, ANDREW R	2.2 NAME	
STREET ADDRESS	2322 BRISTOL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUPERIOR CO 80027	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, THOMAS J	3.2 NAME	
STREET ADDRESS	21140 WILLOW PARK PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKER CO 80134	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: SIGNATURE OF THOMAS J. KENNEDY 9/7/99 303-226-8011

CR2E034 (5/99)