## 3-24.98 B. **FILE NOW: FILING I** ER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1002510 (3) Secretary of State

Mar 24 1998 8:00am

THE M		Mailing Address PO BOX 24540 NASHVILLE TN 37202			
	., 6,500	117 118		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified 05/12/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u></u>	26		62-1463468	Not Applicable
Supe Apt	Box 110656	Suite Ap. #, etc. X	110656	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	hville TD	City & State NAS 1 V.	le TH	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 372み2	Country 25	29 37222-0656 3	Country 0	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
	ebert, debbie		81 Name		
3140 N. FEDERAL HWY LIGHTHOUSE POINT FL 33064			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>
			83		
			84 City		85 Zip Code
				F	L
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obligations of the colligations of the colligations of the provisions of the pro	2 and 607.1508, Florida Statutes of Florida. Such change was aut utions of, Section 607.0505, Flori	, the above-named corp thorized by the corporati da Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	Signature, typed or printed name of registered ager		Registered Agent signature require		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change
TITLE	ASHWOOD, MATTHEW P	☐ DETEIE	1.1 TITLE	110656	Nation   Nation
NAME STREET ADORESS	1922 WEST END AVE		1.2 NAME 1.3 STREET ADDRESS P	O. Box- <del>24540</del> N/A-	
	NASHVILLE TN 37203			ashville, TN <del>37202</del> 372 <b>9</b> 2	-0656
CITY-ST-ZIP Title	8	DELETÉ	2.1 TITLE	distribution for distribution of the distribut	Change Addition
NAME	ROGERS, STEPHEN J		2.2 NAME	110656	<b>4</b>
STREET ADDRESS	1922 WEST END AVE		2.3 STREET ADDRESS P.	O. Box <del>24540</del> "	
CITY-ST-ZIP	NASHVILLE TN 37203				-0656
TITLE		☐ DELET <b>e</b>	3.1 TITLE		Change Addition
NAME			■		
			3.2 NAME		
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS City-St-Zip					
i		☐ DELETE	3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY - ST - ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		Change Addition
CHTY-ST-ZIP TITLE	<b>4</b>	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE	·	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4		3.3 STREET ADDRESS 3.4. CIIY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CIIY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	<b>4</b>	☐ DELETE	3.3 STREET ADDRESS 3.4. CIIY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3 STREET ADDRESS 3.4. CIIY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		

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.

CITY-\$T-ZIP