

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90163 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002734

1. Corporation Name
ARC SUN CITY CENTER, INC.

Principal Place of Business 111 WESTWOOD PLACE STE 402 BRENTWOOD TN 37027	Mailing Address 111 WESTWOOD PLACE STE 402 BRENTWOOD TN 37027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 05/23/1997
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State
23. Zip	24. Country	28. Zip	29. Country
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAI SERVICES INC 526 E PARK AVE TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	
4. FEI Number 62-1674303-62-1689052 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
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 Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAI SERVICES INC 526 E PARK AVE TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAESTNER, H T	1.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE STE 402	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONEY, JAMES T	2.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE STE 402	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS (CFO), GEORGE T	3.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE STE 402	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	3.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIFF, W.E.	4.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE STE 402	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE STE 402	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	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, with all other like empowered.

SIGNATURE: _____ DATE: **2-2-99** DAYTIME PHONE #: **615 221 2260**

CR2E034 (1/98)