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FILED
May 08 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 # K34421 (3)
 1. Corporation Name
NOTAMI (CLEARWATER), INC.



Principal Place of Business Mailing Address
ONE PARK PLAZA NASHVILLE TN 37203 US
P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37203-0570 US

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **04/26/1996**
 4. FEI Number **95-1404364** Applied For Not Applicable
 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **PO BOX 750**
 22 City & State 27 **Nashville TN**
 23 Zip 28 **37202** Country 30 **USA**

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

I, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	VANDEWATER, DAVID	
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN	
CITY, ST, ZIP	NASHVILLE TN	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN T	
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN	
CITY, ST, ZIP	NASHVILLE TN	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	GOLBY, DAVID C	
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN	
CITY, ST, ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRANCK, JOHN M	
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN	
CITY, ST, ZIP	NASHVILLE TN	
TITLE	H	<input type="checkbox"/> DELETE
NAME	HINTON, JAMES D	
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN	
CITY, ST, ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, R. M	
STREET ADDRESS	ONE PARK PLAZA NASHVILLE TN	
CITY, ST, ZIP	NASHVILLE TN	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donahy, Kenneth H
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elton, Rosalyn
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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97
 Date

Daytime Phone #

CR2E034 (9/96)