

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:39

DOCUMENT # **L32855** (3)

1. Corporation Name
MCF, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3401 WEST END AVE
NASHVILLE TN 37203**

Mailing Address
**3401 WEST END AVE
NASHVILLE TN 37203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/30/1989** 3a. Date of Last Report **03/21/1994**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

4. FEI Number 65-0163453	Applied For 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 has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	

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 constituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MARTIN, CHARLES N
STREET ADDRESS	3401 W END AVE
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	PITTS, KEITH B
STREET ADDRESS	3401 W END AVE
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	BRANDT, STEPHEN C
STREET ADDRESS	3401 W END AVE
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	DENARVAEZ, DENNY
STREET ADDRESS	5000 W OAKLAND PARK BLVD
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	V
NAME	ANDERSON, BEVERLY S
STREET ADDRESS	3401 W END AVE
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	ELEAZAR, PAULA Y
STREET ADDRESS	3401 W END AVE
CITY - ST - ZIP	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald J. Amoral	
1.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
1.4 CITY - ST - ZIP	Nashville, TN 37203	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V / AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald P. Soltman	
3.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
3.4 CITY - ST - ZIP	Nashville, TN 37203	
4.1 TITLE	V / AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard A. Parr II	
4.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
4.4 CITY - ST - ZIP	Nashville, TN 37203	
5.1 TITLE	V / AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James H. Spalding	
5.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
5.4 CITY - ST - ZIP	Nashville, TN 37203	
6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Karen H. Abbott	
6.3 STREET ADDRESS	3401 West End Ave. Ste. 700	
6.4 CITY - ST - ZIP	Nashville, TN 37203	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE *Karen H. Abbott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen H. Abbott 4/20/95 615-383-8599
(Date) (Telephone #)