

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

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90026 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P14885**

1. Corporation Name  
**DTM COCONUT GROVE, INC.**



Principal Place of Business Mailing Address  
 755 CROSSOVER LANE 755 CROSSOVER LANE  
 MEMPHIS TN 38117-4900 MEMPHIS TN 38117-4900  
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/17/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		86-0682711	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEHER, RICHARD M.	1.2 NAME	J. Kendall Huber
STREET ADDRESS	755 CROSSOVER LANE	1.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP	MEMPHIS TN 38117	1.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEUCK, DAVID A.	2.2 NAME	Dan L. Hale
STREET ADDRESS	410 NORTH 44TH STREET SUITE 700	2.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP	PHOENIX AZ 85008	2.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, BEVERLY S.	3.2 NAME	M. Ronald Halpern
STREET ADDRESS	410 NORTH 44TH STREET SUITE 700	3.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP	PHOENIX AZ 85008	3.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VASTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	William S. Harrison
STREET ADDRESS		4.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	R. Bryan Mulroy, Jr.
STREET ADDRESS		5.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Memphis, TN 38117
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	W. Steven Standefer
STREET ADDRESS		6.3 STREET ADDRESS	755 Crossover Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Memphis, TN 38117

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: W. H. SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99  
 Date

901-374-5000  
 Daytime Phone #

CR2E034 (11/98)