

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P28339 (0)**

1. Corporation Name  
**AMERACE CORPORATION**



Principal Place of Business <b>16228 FLIGHT PATH DRIVE                  BROOKSVILLE FL 34609</b>	Mailing Address <b>1555 LYNNFIELD ROAD                  MEMPHIS TN 38119</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/02/1990**

2. Principal Place of Business <b>21 Amerace Corporation</b>	2a. Mailing Address <b>28 Amerace Corporation</b>
Suite, Apt. #, etc. <b>22 16228 Flight Path Drive</b>	Suite, Apt. #, etc. <b>27 ATTN: Tax Dept.                  8155 Thomas &amp; Betts Blvd.</b>
City & State <b>23 Brooksville, FL</b>	City & State <b>28 Memphis, TN</b>
Zip <b>24 34609</b>	Country
Country	Zip <b>29 38125</b>
	Country <b>30</b>

4. FEI Number  
**13-3240682**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<del>P</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>ELLIOTT, ROBERT</del>
STREET ADDRESS	<del>TWO NORTH RIVERSIDE PLAZA, SUITE 1100</del>
CITY-ST-ZIP	<del>CHICAGO IL</del>
TITLE	CEO <input type="checkbox"/> DELETE
NAME	MOORE, CLYDE
STREET ADDRESS	1555 LYNNFIELD ROAD
CITY-ST-ZIP	MEMPHIS TN 38119
TITLE	P <input type="checkbox"/> DELETE
NAME	LANGSTON, GREGORY
STREET ADDRESS	1555 LYNNFIELD ROAD
CITY-ST-ZIP	MEMPHIS TN 38119
TITLE	VP <input type="checkbox"/> DELETE
NAME	ELLIS, CHARLES
STREET ADDRESS	1555 LYNNFIELD ROAD
CITY-ST-ZIP	MEMPHIS TN 38119
TITLE	VP <input type="checkbox"/> DELETE
NAME	JONES, ELLIS
STREET ADDRESS	1555 LYNNFIELD ROAD
CITY-ST-ZIP	MEMPHIS TN 38119
TITLE	VP <input type="checkbox"/> DELETE
NAME	KRONENBERG, JERRY
STREET ADDRESS	1555 LYNNFIELD ROAD
CITY-ST-ZIP	MEMPHIS TN 38119

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janice H. Way
1.3 STREET ADDRESS	8155 T&B BLVD.
1.4 CITY-ST-ZIP	MEMPHIS TN 38125
2.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOORE, CLYDE R.
2.3 STREET ADDRESS	8155 T&B BLVD.
2.4 CITY-ST-ZIP	MEMPHIS TN 38125
3.1 TITLE	PRES. & COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LANGSTON, GREGORY M.
3.3 STREET ADDRESS	8155 T&B BLVD.
3.4 CITY-ST-ZIP	MEMPHIS TN 38125
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELLIS, CHARLES
4.3 STREET ADDRESS	8155 T&B BLVD.
4.4 CITY-ST-ZIP	MEMPHIS TN 38125
5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JONES, FRED R.
5.3 STREET ADDRESS	8155 T&B BLVD.
5.4 CITY-ST-ZIP	MEMPHIS TN 38125
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KRONENBERG, JERRY
6.3 STREET ADDRESS	8155 T&B BLVD.
6.4 CITY-ST-ZIP	MEMPHIS TN 38125

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.

SIGNATURE: *Janice H. Way* Janice H. Way 3/10/98 901-252-8000

CR2E034 (10/97)