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FILED
Mar 18 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 # P39229 (0)
 1. Corporation Name
NATIONAL SEATING & MOBILITY, INC.

Principal Place of Business
**7186 SW 47TH STREET
 MIAMI FL 33155
 US**

Mailing Address
**401 CHESTNUT STREET
 SUITE 500
 CHATTANOOGA TN 37402-4924**

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

9. Name and Address of Current Registered Agent
**CORPAMERICA, INC.
 1525 S. ANDREWS AVE.
 SUITE 216
 FT. LAUDERDALE FL 33316**

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

11. Pursuant to the provisions of Sections 607.0507 and 607.1509, 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 607.0507, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCS	<input type="checkbox"/> DELETED
NAME	ROGERS, WILLIAM T.	
STREET ADDRESS	401 CHESTNUT ST, STE 500	
CITY-STATE-ZIP	CHATTANOOGA TN	
TITLE	P	<input type="checkbox"/> DELETED
NAME	BALLARD, MIKE	
STREET ADDRESS	401 CHESTNUT ST, STE 500	
CITY-STATE-ZIP	CHATTANOOGA TN	
TITLE	VP	<input type="checkbox"/> DELETED
NAME	TANKERSLEY, RAYBURN H	
STREET ADDRESS	401 CHESTNUT STREET	
CITY-STATE-ZIP	CHATTANOOGA TN	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-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)(b), 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 registered agent 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 in Block 14 if not changed with an address.

SIGNATURE: *William M. Ballard* William M. Ballard 2/14/97 (402) 356-1400

CR2E034 (9/95)