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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600092733 (0) COLUMBIA SOUTH FLORIDA DIVISION, INC.											
Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203			Mailing Address PO BOX 750 NASHVILLE TN 37202 US				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Q 11/12/1996	ualified		
· ·	Place of Busines	SS .	2a. Mailing Address					4. FEI Number		I A	pplied For
Suite, Apt.	# ato		Suite, Apt. #, etc.				62-1669576		60.75	of Applicable	
22 Suite, Apr.	W, GIC.		<u> </u>	27				Certificate of Status Des	sired 🔲		Additional equired
City & Stat	9			Cily & State				6. Election Campaign Fina	incing	\$5.00	May Be
23				Zip Country				Trust Fund Contribution			to Fees
Z ip 24	-	Country Zip C				′		8. This corporation owes of Personal Property Tax of	•		tangible DNo
24		od Address of Curren						10. Name and Address of			
		HALL CORPORATIO	IN SYSTEM, INC.		81	Name					
1201 HAYS STREET						Street	Addres	ss (P.O. Box Number is Not A	(cceptable)		
TALLAHASSEE FL 32301											
						l 					
					84	City				FL 85 Zip	Code
11. Pursuant	to the provision	ns of Sections 607.0507	2 and 607.1508, Flor	ida Statutes, the	above	e-named	d corpor	ration submits this statement n's board of directors. I here	for the purpo	se of changing i	ts registered
agent la	ım fam iliar with	and accept the obliga	ations of Section 607	7.0505, Florida S	tatutes	S.	poració		., сооор	. прропилон во	- Lagrandia de
SIGNATURE	Signature typed or	printed name of registered age:	ot and title if applicable	(NOTE: Regist	erod Age	ent signature	e required	when reinstaling)	DA	ATE	
12.		OFFICERS AND		1				ADDITIONS/CHANGES T	O OFFICERS		
TITLE	-BRAUN, S	TCDUBL T			TITLE		W-	>		☐ Change	Addition
NAME STREET ADORESS	ONE PAR				2 NAME	ADDRESS	15/	ackwood,	Dora	A٠	
CITY-ST-ZIP	7	E TN 37203		1	a CITY-S		1				l
TITLE	D				TITLE					Change	Addition
NAME		, KENNETH C		2.3	2 NAME						
STREET ADDRESS	ONE PAR			2.3	STREET	ADDRESS					
CITY-ST-ZIP TITLE	D	E TN 37203			4 CITY-:	ST ZIP	 			Change	Addition
NAME	, -	OSALYN S	L.) (1	NAME		1			Th Anality	L. AUDIUDII
STREET ADDRESS	ONE PAR	k plaza				ADDRESS					
CITY-ST-ZIP	NASHVILL	E TN 37203			t. CITY - !	ST-ZIP	<u>_</u> .				
TITLE	-5	10(11) 11 #		ELET E 4.	TITLE		D	VPS		Change	☐ Addition
NAME	ONE PAR	JOHN M III		10	2 NAME		}				
STREET ADDRESS	NASHVILL					ADDRESS					
CFTY-ST-ZIP TITLE	1 7 7 7 7 7 7 7		1		I CITY-S I TITLE	11 - CIT	 			☐ Change	☐ Addition
NAME					NAME					-	
STREET ADDRESS				5.3	3 STREET	ADDRESS					
CITY-ST-ZIP					CITY-S	ST-ZIP	ļ <u> </u>			<u> </u>	··· [•] . 1400
TITLE				1	I TITLE					Change	☐ Addition
NAME otracet annocces				■	NAME	r amprese					
STREET ADDRESS				ь.	SINEE	ADDRESS	[

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an adjoint.

4116/98

FILED

Apr 29 1998 8:00am

Secretary of State