


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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 846953 (8)</b>		
1. Corporation Name <b>BELZ INVESTMENT COMPANY, INC.</b>		

Principal Place of Business <b>530 OAK COURT DR 300 PO BOX 171199 MEMPHIS TN 38187-1199 US</b>	Mailing Address <b>530 OAK COURT DR 300 PO BOX 171199 MEMPHIS TN 38187-1199 US</b>
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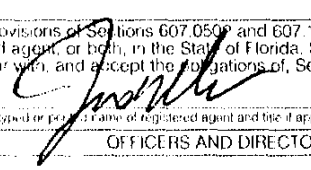
2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>09/15/1980</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>62-0577155</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0509 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 except the regulations of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **2/25/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BELZ, JACK A</b>
STREET ADDRESS	<b>4 WHITE STATION ROAD</b>
CITY-ST-ZIP	<b>MEMPHIS TN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD BELZ, MARTIN S</b>
STREET ADDRESS	<b>2205 POPLAR AVENUE</b>
CITY-ST-ZIP	<b>MEMPHIS TN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VST WILLIAMS, JIMMIE D.</b>
STREET ADDRESS	<b>9566 SPRINGMEADE LN</b>
CITY-ST-ZIP	<b>GERMANTOWN TN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD HANOVER, JEROME H</b>
STREET ADDRESS	<b>5292 SOUTHWOOD DRIVE</b>
CITY-ST-ZIP	<b>MEMPHIS TN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD GROVEMAN, ANDREW J</b>
STREET ADDRESS	<b>330 RANSOM LANE</b>
CITY-ST-ZIP	<b>MEMPHIS TN</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(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 in an attachment with an address.

SIGNATURE:  DATE: **2/25/97** Daytime Phone: **901-767-4762**

CR2E034 (9/96)