

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90164 011 ***150.00

DOCUMENT # **846953**

1. Corporation Name

BELZ INVESTMENT COMPANY, INC.

Principal Place of Business

**100 PEABODY PLACE
SUITE 2400
MEMPHIS TX 38103
US**

Mailing Address

**100 PEABODY PLACE
SUITE 1400
MEMPHIS TN 38103
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1980

4. FEI Number

62-0577155

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 Peabody Place Ste 1400
1.4 CITY-ST-ZIP	Memphis TN 38103
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100 Peabody Place Ste 1400
2.4 CITY-ST-ZIP	Memphis TN 38103
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100 Peabody Place Ste 1400
3.4 CITY-ST-ZIP	Memphis TN 38103
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	100 Peabody Place Ste 1400
4.4 CITY-ST-ZIP	Memphis TN 38103
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	100 Peabody Place Ste 1400
5.4 CITY-ST-ZIP	Memphis TN 38103
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)