

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90162 002 \*1,050.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002047**

1. Corporation Name  
**FLAIR PPC CORP.**



Principal Place of Business 4647 SW 40TH AVENUE SUITE 600 Ocala FL 34474 US	Mailing Address 301 S. COLLEGE ST SUITE 2300 CHARLOTTE NC 28202-6039 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>04/30/1993</b>	4. FEI Number <b>59-3145708</b> Applied For Not Applicable
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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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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	D <input checked="" type="checkbox"/> DELETE
NAME	ZIMMER, D R
STREET ADDRESS	2300 ONE FIRST UNION CENTER
CITY-ST-ZIP	CHARLOTTE NC 28202-6039
TITLE	EVC <input type="checkbox"/> DELETE
NAME	TISDALE, J A
STREET ADDRESS	4647 SW 40TH AVENUE
CITY-ST-ZIP	OCALA FL 34474
TITLE	VAS <input type="checkbox"/> DELETE
NAME	GELINAS, M E
STREET ADDRESS	4647 SW 40TH AVENUE
CITY-ST-ZIP	OCALA FL 34474
TITLE	V <input type="checkbox"/> DELETE
NAME	EISENBERG, G A
STREET ADDRESS	2300 ONE FIRST UNION CENTER
CITY-ST-ZIP	CHARLOTTE NC 28202-6039
TITLE	VAST <input type="checkbox"/> DELETE
NAME	ELLENBURG, R O
STREET ADDRESS	4647 SW 40TH AVENUE
CITY-ST-ZIP	OCALA FL 34474
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HAYES, LACY L
STREET ADDRESS	4647 SW 40TH AVE
CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	G.A. Eisenberg
1.3 STREET ADDRESS	2300 One First Union Center
1.4 CITY-ST-ZIP	Charlotte, NC 28202
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	R.F. bradbury
2.3 STREET ADDRESS	2300 One First Union Center
2.4 CITY-ST-ZIP	Charlotte, NC 28202
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	R.L. Magee
3.3 STREET ADDRESS	2300 One First Union Center
3.4 CITY-ST-ZIP	Charlotte, NC 28202
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 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 with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 Date 704-347-6800 Daytime Phone #

CR2E034 (1/198)

FLAIR CORPORATION

F93000002047  
330609-90162-14

OFFICERS

Title	Name	Business Address
President & CEO	R. F. Bradbury	6000 Fairview Road Charlotte, NC 28210
Vice President, Asst. Secretary & Asst. Treasurer	M. Canipe	4647 SW 40th Avenue Ocala, FL 34474
Vice President	Richard L. Magee	Suite 2300 301 S. College Street Charlotte, NC 28202
Vice President	Glenn A. Eisenberg	Suite 2300 301 S. College Street Charlotte, NC 28202
Vice President & Asst. Secretary	Michael E. Gelinas	4647 SW 40th Avenue Ocala, FL 34474
Secretary	Robert P. McKinney	Suite 2300 301 S. College Street Charlotte, NC 28202
Treasurer	Thomas J. Snyder	Suite 2300 301 S. College Street Charlotte, NC 28202
Assistant Secretary	John M. Burtis	Suite 2300 301 S. College Street Charlotte, NC 28202
Assistant Secretary	D. Blaine Sanders	Suite 2300 301 S. College Street Charlotte, NC 28202
Assistant Treasurer	Steven D. Greenfeld	Suite 2300 301 S. College Street Charlotte, NC 28202
Assistant Treasurer	June P. Hassett	Suite 2300 301 S. College Street Charlotte, NC 28202

DIRECTORS

Name	Business Address
G. A. Eisenberg	2300 One First Union Center Charlotte, NC 28202
R. F. Bradbury	6000 Fairview Road Charlotte, NC
R. L. Magee	2300 One First Union Center Charlotte, NC 28202