

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

FILED

May 16 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 # F93000003173 (2)

1. Corporation Name  
TPH-WEST PALM INC.



Principal Place of Business

3950 RCA BLVD  
SUITE 5001  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

3950 RCA BLVD  
SUITE 5001  
PALM BEACH GARDENS FL 33410-4227  
US

3. Date Incorporated or Qualified  
07/09/1993

3a. Date of Last Report  
02/29/1996

4. FEI Number  
62-1536197

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1727 Elm Hill Pike  
Suite, Apt. #, etc.

2a. Mailing Address

26 1727 Elm Hill Pike  
Suite, Apt. #, etc.

22 City & State  
Nashville TN

27 Attn Tax Dept

28 Nashville TN

23 Zip Country  
37210

29 Zip Country  
37210

30

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

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	PCD	<input type="checkbox"/> DELETE
NAME	KENNEDY, ROBERT	
STREET ADDRESS	3950 RCA BLVD, SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURFORD, FRED	
STREET ADDRESS	3950 RCA BLVD, SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SANFORD, DAVID	
STREET ADDRESS	3950 RCA BLVD, SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barber, W. Craig	
1.3 STREET ADDRESS	1727 Elm Hill Pike	
1.4 CITY-ST-ZIP	Nashville TN 37210	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chel, Abraham P.	
2.3 STREET ADDRESS	1727 Elm Hill Pike	
2.4 CITY-ST-ZIP	Nashville TN 37210	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hayes, Gregory A.	
3.3 STREET ADDRESS	1727 Elm Hill Pike	
3.4 CITY-ST-ZIP	Nashville TN 37210	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCDaniel, F.E.	
4.3 STREET ADDRESS	1727 Elm Hill Pike	
4.4 CITY-ST-ZIP	Nashville TN 37210	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Langford, Robert M.	
5.3 STREET ADDRESS	1727 Elm Hill Pike	
5.4 CITY-ST-ZIP	Nashville TN 37210	
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 on an attachment with an address.

SIGNATURE:

*Abraham P. Chel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97

615/231-2822

Date

Daytime Phone #

CR2E034 (9/96)