## 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 #

FLAUTT, INC.

F9400003670 (6)

Principal Place of Business 6075 POPLAR AVE., #406

Mailing Address

6075 POPLAR AVE.. #406

## **FILED** Feb 11 1998 8:00am Secretary of State



MEMPHIS TN 38119		MEMPHIS TN 38119							D	O NOT WRITI	E INI THIS	S SPACE		
								•			or Qualified	_ 114 11 11	J GI AGE	
2. Principal Pl			2a. Mailing Address						4. FEI Number				A	pplied For
		ay Loop Rd	26 Same						62	<u>-1453598</u>			N	ot Applicable
Suite, Apt. Suite		Soite, Apt. #, etc.						5. Certifi	cate of Statu	s Desired			Additional lequired	
City & State		City & State						6. Electi	on Campaign	n Financing		\$5.00	May Be	
23 Memp	his, T	28	*						Fund Contrib	oution			to Fees	
ສ <sup>ື2</sup> ອີ812ເ	ი ├	Country Shelby	Z(p)			untry			8. This c	orporation o	wes or has p	aid the c	u <u>rre</u> nt year In	
24 3012	2	9] -	29		30	1					Tax due June			<b>X</b> V∘
601		nd Address of Current	Registered A	igent		81	Name		10. Name	and Addre	s of New R	gistere	d Agent	
	BERT T. KAJ				"	Name								
	NDESTIN BE		62 Street Ac				Addres	ddress (P.O. Box Number is Not Acceptable)						
	O SANDEST				B3									
DES	STIN FL 325	41				63								
						84	City						<b>85</b> Zip	Code
44 6		i TTT 6 i i i i i i i i i i i i i i i i				Ш						F	<u> </u>	
office or re agent. I ar	eaistered agei	ns of Sections 607,0502 nt, or both, in the State o , and accept the obligat	of Florida, Suci	h change was	s authorize	ed by	the corr	poration	n's board o	of directors. I	hereby acce	pt the ap	opointment as	s registered
SIGNATURE	Signature, typind or	protect name of registered agost	tand the dapplicat	de (NG	OTE Angister	ed Age	nt signature	required	when reinstation	ng)		DATE		
12.		OFFICERS AND	DIRECTORS		13.				ADDITI	ONS/CHANC	SES TO OFFI	CERS AN	ND DIRECTO	RS IN 12
TITLE	PO			☐ DFLETE	1.1.1	ITLE		PD					Change	Addition
NAME		FRANK L JR.			1.2 (	IAME					k L Ji			
STREET ADDRESS		PLAR AVE., #406			1.3 \$	TAEET	address	10	00 R:	ldgewa	y Loop	Rd	Suite	320
CITY-ST-ZIP		TN 38119			1.4 (	HTY-\$	r-ziP	Me	mphis	TN	38120	)		
TITLE	ST			DELETE	2.11	ITLE		ST		•			Change	☐ Addition
NAME	RHODES,				2.21	IAME		Rh	odes	Dixi	e S			
STREET ADDRESS		PLAR AVE., #406			2.3 \$	TREET	address	10	00 Ri	ldgewa	y Loor	Rd	Suite	320
CITY-SI-ZIP	MEMPHIS	TN 38119			2. 4	CITY - S	T-ZIP	Me	mphis	TN	38120	)		
TITLE				☐ DELETE	3.11	tTLE			-	•			☐ Change	Addition
NAME					3.2 1	AME								
STREET ADDRESS					3.3 9	TREET	ADDRESS							
CITY-ST-ZIP			····		3.4.	CITY-S	T-ZIP							
TITLE				☐ DELETE	4.11	ITLE							Change	Addition
NAME					4. 2	NAME								
STREET ADDRESS					4.3 9	TREET	ADDRESS							
CITY-ST-ZIP					4.4 (	ITY - S	T-ZIP							
TITLE				DELETE	5.1 T	ITLE	ı						Change	Addition
NAME						IAME								
STREET ADDRESS					5.3 \$	TREET	ADDRESS							
CITY-ST-ZIP						ITY-S	T- ZIP						·-··	
TITLE				DELETE	6.1 T	ITLE							Change	Addition
NAME					6.21	IAME								
STREET ADDRESS					638	TREET	ADDRESS							
CITY-ST-ZIP						ITY - \$1								
indicated of officer or of	on this annual director of the	infornation supplied with report or supplemental corporation or the recei- changed, or on an attact	annual report ver or trustee :	is true and ac empowered to	ccurate ar	id tha	at my sig	nature	shall have	the same le	gal effect as i	f made u	inder oath: th	at I am an

SIGNATURE: Dise L. Alorde