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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # F9400005615 (9)

Principal Place of Business Mailing Address 424 CHURCH ST. P O BOX 198409 SUITE 1200 SUITE 1200 NASHVILLE TN 37219 NASHVILLE TN 37219-8409 US			3. Date Incorporated or Qualified 3a. Date of Last Report		
		- <del>-</del>		10/28/1994	08/19/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied for
21 3350	Cumberland Circle	26 - same		62-1581316	Not Applicable
Sulte, Apt. 1 22 SWC	#, etc. D. <b>1500</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Atlar	Ma, OA	28		Trust Fund Contribution	Added to Fees
Zip 202	39 Country USA	Zip	Country	8. This corporation has liability fo	_ ` _
24 303	9, Name and Address of Current		30	Florida Statutes  10. Name and Address of New F	Yes No
C T 4	CORPORATION SYSTEM	Lindiatored Whatt	81 Name	10. Hame and Address of New P	inflorator Whent
	W. BROWARD BLVD.		82 Street Add	dress (P.O. Box Number is Not Accepta	abla)
	ITATION FL 33324		Sireet Add	oress (F.O. Box Number is Not Accept	able)
			83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statuto	s, the above-named con	rporation submits this statement for the	purpose of changing its registered
SIGNATURE	o the provisions of Sections 607.07:02 agistered agent, or both, in the State o n familiar with, and accopt the obligati				
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE		and title if applicable (NOTE			DATE
SIGNATURE 3	Signature typed or printed name of registrated agreed OFFICERS AND PD HIMELRICK, JAMES E JR	and title if applicable (NOTE DIRECTORS	Registered Agent signature requ	uired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE 5	OFFICERS AND PD HIMELRICK, JAMES E JR 424 CHURCH ST.	and title if applicable (NOTE DIRECTORS	Registered Agent signature requirements 13.	uired when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND PD HIMELRICK, JAMES E JR 424 CHURCH ST. NASHVILLE TN 37219	avet talle if applicable (NOTE DIRECTORS DELETE	Registered Agent signature required 13.  11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uited when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change Addition
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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.

9.10.97

770)619.3500

**FILED** 

Sep 15 1997 8:00am

Secretary of State