

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA 32399-0001  
Telephone: (904) 493-0001  
Fax: (904) 493-0002

**APPROVED  
AND  
FILED**

95 APR 28 AM 10:15

**DOCUMENT # F94000006099 (5)**

**ARVIS CORPORATION**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**4349 OKEECHOBEE  
SUITE B-6  
WEST PALM BEACH FL 33409**

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SUITE B-6  
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

|                              |  |                     |  |                                                                                       |  |                                                                     |  |
|------------------------------|--|---------------------|--|---------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal Office Location |  | 2a. Mailing Address |  | 3. Date incorporated or renewed                                                       |  | 3a. Date of last report                                             |  |
| 21                           |  | 26                  |  | 11/30/1994                                                                            |  |                                                                     |  |
| 22 SUITE E-6                 |  | 27 SUITE E-6        |  | 4. FEI Number                                                                         |  | Applied For                                                         |  |
| 23                           |  | 28                  |  | 62-1583564                                                                            |  | Not Applicable                                                      |  |
| 24                           |  | 25                  |  | 5. Certificate of Status Desired                                                      |  | <input type="checkbox"/> \$8.75 Additional Fee Required             |  |
|                              |  |                     |  | 6. Election Campaign Financing Fund Contribution                                      |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
|                              |  |                     |  | 7. This corporation has liability for intangible tax under § 199(4), Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                                          |  |  |  |                                                       |  |  |  |
|--------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                          |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 |  |  |  | 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 the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of registered agent within this state. It is hereby authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the responsibility of the registered agent under the Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

|                                                                                              |  |                                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS                                                                   |  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                                                                                                                 |  |
| NAME PD<br>DAVIS, ANSEL L<br>150 FOURTH AVE., NORTH<br>NASHVILLE TN 37219                    |  | VICE-CHAIRMAN & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add                                                                 |  |
| NAME SD<br>ARMISTEAD, L H III<br>112 BONAVENTURE PL.<br>NASHVILLE TN 37219                   |  | SECRETARY, CHAIRMAN, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add                                                            |  |
| NAME D<br>BUMSTEAD, FRANK M<br>1700 HAYES ST., SUITE 304<br>NASHVILLE TN 37203               |  |                                                                                                                                                                  |  |
| NAME PRESIDENT<br>STEVEN POMERANTZ<br>4349 OKEECHOBEE, SUITE E-6<br>WEST PALM BEACH FL 33409 |  | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add<br>STEVEN POMERANTZ<br>4349 OKEECHOBEE, SUITE E-6<br>WEST PALM BEACH, FL 33409 |  |

14. I, the undersigned, hereby certify that the foregoing is a true and correct copy of the information furnished to me by the corporation, and that the information is true and correct. I am familiar with and accept the responsibility of the registered agent under the Florida Statutes.

SIGNATURE: *Steve Pomerantz* VICE CHAIRMAN 4/24/95 (615) 244-1713