

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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005604 (2)**

1. Corporation Name
TENNESSEE ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business 223 ASSOCIATES BLVD ALCOA TN 37701	Mailing Address 223 ASSOCIATES BLVD ALCOA TN 37701-1943
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1995	3a. Date of Last Report 01/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 62-1193129		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIVERA, ENRIQUE 100 SOUTH PINE ISLAND, STE 130-A 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	
				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRED L	1.2 NAME	
STREET ADDRESS	202 CHOTA SHORES LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUDON TN	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, AUDREY P	2.2 NAME	
STREET ADDRESS	401 BELLE MEADE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARYVILLE TN	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENTELL, GERALD D	3.2 NAME	
STREET ADDRESS	1007 MARGARET DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALCOA TN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, TIMOTHY R	4.2 NAME	
STREET ADDRESS	1952 S. WHITEHALL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARYVILLE TN	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, EDWARD C	5.2 NAME	
STREET ADDRESS	12736 ACKLEY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Audrey P. Hines 1/14/97 423-982-9514
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)