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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000231 (8

3. Date Incorporated or Qualified 01/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 62-1580881 Sulte, Apt. #, etc. 5. Certificate of Status Desired 7 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 7 Zip Country Zip Country 8. This corporation has liability for integral 7 29 30 Florida Statutes	Yes 🔀 No
2. Principal Place of Business 28. Mailing Address 4. FEI Number 21 26 62-1580881 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State 6. Election Campaign Financing Trust Fund Contribution 28 Trust Fund Contribution 21D Country 8. This corporation has liability for interest.	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible tax under s. 199.032, Yes No
Sulte, Apt. #, etc. 27 City & State City & State City & State Country Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Country Country Trust Fund Contribution 8. This corporation has liability for integration.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible tax under s. 199.032, Yes No
27	Fee Required \$5.00 May Be Added to Fees angible tax under s. 199.032, Yes X No
City & State City & State 6. Election Campaign Financing 13 28 Trust Fund Contribution Zip Country 2ip Country 8. This corporation has liability for interest.	\$5.00 May Be Added to Fees angible tax under s. 199.032, Yes No
28 Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for integration.	Added to Fees langible tax under s. 199.032, Yes No
The trial delipolition ride intentity for inte	Yes 🔀 No
الما (مدانية المحالية	
4 25 29 30 Florida Statutes	stered Agent
C T CORPORATION SYSTEM 81 Name	•
1200 SOUTH PINE ISLAND DOAD	
PLANTATION FL 33324 B2 Street Address (P.O. Box Number is Not Acceptable)
83	
84 City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the 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 billed applicable. (NOTL Registered Agent Signature required when reinstating)	the appointment as registered
12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE DP DELETE 1.1 TITLE	Charige Addition
NAME FOX, H. JOHN JR STREET ADDRESS 1 COMMERCE SQ #840 1.3 STREET ADDRESS	
STREET ADDRESS 1 COMMENCE SQ #840 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CITY-	
TITLE ST DELETE 2.1 TALE	Change Addition
NAME PRESLEY, JOHN 2.2 NAME	<u> </u>
STREET ADDRESS 1 COMMERCE SQ #840 2.3 STREET ADDRESS	
CITY-ST-ZIP MEMPHIS TN 38103 2.4 CITY-S1-ZIP	
TITLE 3.1 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS	
GITY-ST-ZIP 34. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STHEET ADDRESS	
CITY-ST-ZIP 44 CRY-ST-ZIP	
TITLE DELETE 517HLE	Change Addition
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS	
STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP	
TITLE DELETE 61 TITLE	Change Addition
NAME 6.2 NAME	. —
STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CITY-ST-ZIP	

• To held of certify that the information supplied with this limit does not quality 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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaching with an address.

CICMATURE.

4 11.97

(01) (42-211)2

FILED

Apr 28 1997 8:00am

Secretary of State