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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001533 (6)

1. Corporation Name
SYSTEM OF ALABAMA, INC.

Principal Place of Business Mailing Address
7501 SOUTH MEMORIAL PARKWAY, SUITE 205 7501 SOUTH MEMORIAL PARKWAY, SUITE 205
HUNTSVILLE AL 35802 HUNTSVILLE AL 35802-2226



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1996		3a. Date of Last Report	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 64-0664197		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	TAYLOR, J. STEVE	1.2 NAME	
STREET ADDRESS	7501 SOUTH MEMORIAL PARKWAY, SUITE 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35802	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Director
NAME	BARNETT, MILES T JR.	2.2 NAME	Pounders, Helen
STREET ADDRESS	13801 RIVERPORT DRIVE, SUITE 303	2.3 STREET ADDRESS	7501 South Memorial Parkway, Suite 205
CITY-ST-ZIP	MARYLAND HEIGHTS MO 63043	2.4 CITY-ST-ZIP	Huntsville, AL 35802
TITLE	VST	3.1 TITLE	
NAME	SHANNON, KEVIN J	3.2 NAME	
STREET ADDRESS	7501 SOUTH MEMORIAL PARKWAY, SUITE 205	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL 35802	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Kevin J. Shannon V.P. Kevin J. Shannon V.P. 4/28/97 (205) 650-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)