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

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #
1. Corporation Name NOVA FACTOR, INC. Principal Place of Business 1620 CENTURY CENTER PKWY. SUITE 109 MEMPHIS TN 38134

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000001563 (3) Mailing Address 1620 CENTURY CENTER PKWY, SUITE 109 MEMPHIS TN 38134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 62-1439852 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 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 Signiture, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE STEVENS, DAVID 1.2 NAME NAME 1820 CENTURY CENTER PKWY, SUITE 109 STREET ADDRESS 1.3 STREET ADDRESS **MEMPHIS TN** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE GROW, JOHN R NAME 2.2 NAME 1620 CENTURY CENTER PKWY, SUITE 109 STREET ADDRESS 2.3 STREET ADDRESS **MEMPHIS TN** CITY-ST-ZIP 2 4 CHTY-S1-ZIP DELETE Change **Addition** SIT TITLE 3.1 TITLE KIMBROUGH, JOEL NAME 3.2 NAME 1620 CENTURY CENTER PKWY, SUITE 109 STREET ADDRESS 3.3 STREET ADDRESS **MEMPHIS TN** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change 4.1 TITLE TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST-ZIP

14. I 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 trusted 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.

1/22/98 (On) 285-360

FILED

May 07 1998 8:00am

Secretary of State