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Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002067 (4)**

1. Corporation Name
CHATTANOOGA GROUP, INC.

Principal Place of Business
**4717 ADAMS ROAD
P.O. BOX 489
HIXSON TN 37343-0489**

Mailing Address
**4717 ADAMS ROAD
P.O. BOX 489
HIXSON TN 37343-0489**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-1696630	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	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	Chairman, Director
NAME	CHAPMAN, PAUL	1.2 NAME	Strackbein, Ronald
STREET ADDRESS	4717 ADAMS ROAD	1.3 STREET ADDRESS	4717 Adams Road
CITY-ST-ZIP	HIXSON TN 37343-0489	1.4 CITY-ST-ZIP	Hixson TN 37343-0489
TITLE	SCFO	2.1 TITLE	Director
NAME	KLOSTERMAN, SCOTT	2.2 NAME	Lobrano, Stephen
STREET ADDRESS	4717 ADAMS ROAD	2.3 STREET ADDRESS	4717 Adams Road
CITY-ST-ZIP	HIXSON TN 37343-0489	2.4 CITY-ST-ZIP	Hixson TN 37343-0489
TITLE	V	3.1 TITLE	
NAME	LINVILLE, DAVID C	3.2 NAME	
STREET ADDRESS	4717 ADAMS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIXSON TN 37343-0489	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MCNEIL, ROBERT JR.	4.2 NAME	
STREET ADDRESS	4717 ADAMS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIXSON TN 37343-0489	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	NEUSCHELER, JOAN P	5.2 NAME	
STREET ADDRESS	4717 ADAMS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIXSON TN 37343-0489	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NINER, RICHARD	6.2 NAME	
STREET ADDRESS	4717 ADAMS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIXSON TN 37343-0489	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 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:

Scott Klosterman 3/20/98 (423) 870-2281

CR2E034 (10/97)