Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90163 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	F96000005522
	• •	I JUUUUUUU

1. Corporation Name

DEC EINANGING CODDODATION

nro fin	ANCING CONFORATION					
Principal Place	e of Business	Mailing Address				
850 RIDGE LAK	E BLVD	850 RIDGE LAKE BLVD				
SUITE 220		SUITE 220				DO NOT MOST IN THE CRACE
MEMPHIS TN 3	8120	MEMPHIS TN 38120 US				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed 10/24/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				<b>62-1657534</b> Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & Stat	e	City & State				6. Election Campaign Financing S5.00 May Be
23	_	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre		11			10. Name and Address of New Registered Agent
				81	Name	
	CORPORATION SYSTEM			82	Ctroot Add	dress (P.O. Box Number is Not Acceptable)
	SOUTH PINE ISLAND ROAD			02	Street Addi	dress (P.O. Box Nulliper is Not Acceptable)
PLAI	NTATION FL 33324			83		<u> </u>
						An   7: 0.1
				84	City	FL 85 Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a pations of, Section 607.0505, Florida.	authorize orida Stat	d by t tutes.	the corporate	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered ired when reinstating)  DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO	☐ DELETE	1.1 ∏	ITLE		☐ Change ☐ Addit
NAME	SOLMSON, ROBERT M		1.2 N	IAME		
STREET ADDRESS	AFA DIDOC LAVE DIVID CTE 000		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MEMORIE THE 00400		ITY-ST	-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE			☐ Change ☐ Addit
NAME	PASCAL, MICHAEL J		2 2 N	IAME		
STREET ADDRESS	850 RIDGE LAKE BLVD, STE	220	2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120		2.40	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE		3.1 TITLE		☐ Change ☐ Addit
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP			3.4. 0	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	_	4.1 TITLE		☐ Change ☐ Addi
NAME			4.21	NAME		•
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4.0	ITY-ST	-ZIP	
TITLE		☐ DELETE	5.1 T			☐ Change ☐ Addi
Maker			5.2 N	IAME		

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition