


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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90154 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003036**

1. Corporation Name

**FAST COMPONENTS CORP.**



Principal Place of Business <b>501 CORPORATE CENTRE DR., STE. 200 FRANKLIN TN 37067</b>	Mailing Address <b>501 CORPORATE CENTRE DR., STE. 200 FRANKLIN TN 37067</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>625 West 18th Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Hialeah, Florida</b> Zip 24 <b>33010</b> Country 25 <b>USA</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>05/28/1998</b>	
4. FEI Number <b>62-1741238</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, GARY M</b>	1.2 NAME	<b>P/D August H. Millan</b>
STREET ADDRESS	<b>501 CORPORATE CENTRE DR., STE. 200</b>	1.3 STREET ADDRESS	<b>625 West 18th Street</b>
CITY-ST-ZIP	<b>FRANKLIN TN 37067</b>	1.4 CITY-ST-ZIP	<b>Hialeah, Florida 33010</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Maria Hernandez</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>625 West 18th Street</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Hialeah, Florida 33010</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Jonathan D. Shell</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>650 Heil Quaker Avenue</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Lewisburg, Tennessee 37091</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>T/V/D Stephen L. Clanton</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>501 Corporate Centre Drive, Suite 200</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Franklin, Tennessee 37067</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>V/D David P. Cain</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>501 Corporate Centre Drive, Suite 200</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Franklin, Tennessee 37067</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>V/D Robert C. Henningsen</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>501 Corporate Centre Drive, Suite 200</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Franklin, Tennessee 37067</b>

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.

SIGNATURE:

**David P. Cain**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David P. Cain 4-29-99 615-771-0216**  
Date Daytime Phone #

CR2E034 (11/98)

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