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 # F98000003378

CLASSIC ACQUISITION SUB, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90046 050 ***150.00



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Principal Place of Business Mailing Address						* 100 (100) (10) (3) (3) (3) (4) (4) (4) (4) (4	•			
SIX CADILLAC DRIVE. SUITE 400 SIX CADILLAC DRIVE. SUITE				TE 400						
BRENTWOOD TN 37027			BRENTWOOD TN 37027				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	_1		
							06/15/1998	}		
2 Oringinal D	loop of Business	22	Mailing Address				4. FEI Number Applied For			
2. Principal Place of Business			<u> </u>				APPLIED FOR 62-1749238 Not Applicable	e e		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional	Ť		
			27				5. Certificate of Status Desired Fee Required	_ _		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees	1		
Zip Country			Zip Country			-	8. This corporation owes the current year Intangible	\neg		
24	¬ ' — '		j , [30]				Personal Property Tax.			
1	9. Name and Address of Current	Regist	ered Agent				10. Name and Address of New Registered Agent			
	***				81	Name	e			
C T CORPORATION SYSTEM						Street A	et Address (P.O. Box Number is Not Acceptable)	\dashv		
1200 SOUTH PINE ISLAND ROAD						Ou cot / t	Audot / Galloso (1 10. Dox 11ambo) to the fine opening			
Plai	NTATION FL 33324				83					
					84	City	85 Zip Code	\dashv		
					04	City	FL S S S S S S S S S			
11. Pursuant	to the provisions of Sections 607.0502	2 and 60	7.1508, Florida Statut	es, the al	oove	-named c	d corporation submits this statement for the purpose of changing its registered			
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida ions of	a, Such change was a Section 607.0505, Flo	iuthorized irida Stati	by ites.	tne corpoi	rporation's board of directors. I hereby accept the appointment as registered			
			,					- {		
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable. (NOTE	Registered	Agent	t signature rec	e required when reinstating) DATE	_ ։		
12.	OFFICERS AN	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	:		
TITLE	PVD		☐ DELĒTE	1.1 π	LΕ		VD XChange ☐ Addit	on :		
NAME	SIELBECK, ALAN R			1.2 N			SIELBECK, ALAN R.	- [-		
STREET ADDRESS			1.3 S		STREET ADDRESS SI		I SIX CADILLAC DIXIVE, SOLIL TO	- []		
CITY-ST-ZIP	BRENTWOOD TN 37027			1.4 CF	1.4 CITY-ST-ZIP B		BRENTWOOD, TN 37027			
TITLE	V		☐ DELETE	2.1 ∏7	ΣE.		☐ Change ☐ Addit	on [
NAME	LADERMAN, LOU N			2.2 NA	ME			-		
STREET ADDRESS	ON OFFICE TO BITTE! COLLET		2.3 ST	2.3 STREET ADDRESS			.			
CITY-ST-ZIP	BRENTWOOD TN 37027			2. 4 CITY-ST-ZIP		Change Addit				
TITLE	V		☐ DELETE	3.1 TT		ļ	☐ Change ☐ Addit	٠٠٠ <u> </u>		
NAME	TAYLOR, ALFRED W III			3.2 NA		1		- }		
STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 4	00		1		ADDRESS	SS			
CITY-ST-ZIP	BRENTWOOD TN 37027			3.4. C		T-ZIP	Change Addit			
TITLE	SD		☐ DELETE	4,1 TI			L Cliange L Addit	" "		
NAME	SCHOFIELD, ANTHONY M			4. 2 N						
STREET ADDRESS		00				ADDRESS	SS			
CITY-ST-ZIP	BRENTWOOD TN 37027			4.4 CI		T-ZIP	Change Additi	<u></u>		
TITLE	AS		DELETE	5.1 TT			Change Addit	301		
NAME	TRIPLETT, C. E			5.2 N/						
STREET ADDRESS	,	00				ADDRESS	⁵⁵			
CITY-ST-ZIP	BRENTWOOD TN 37027		<u> </u>	5.4 CI		T-ZIP	There (MALL)			
TITLE			☐ DELETE	6.1 Π		-	P Change X Addit	ווט		
NAME	} , ,			6.2 N			ALMOND, BILL			
STREET ADDRESS				6.3 ST	REET	ADDRESS	1828 N. NOVA ROAD			
				- ^ - ^		T 710 1	INAUTONIA DEACH E1 77447			

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

2-5-99

904-617-7357