


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

FILED  
Feb 01, 1999 8:00am  
Secretary of State

02-01-1999 90009 011 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000003660			
1. Corporation Name FOMSA INC.			
Principal Place of Business 100 PEABODY PLACE, SUITE 1400 MEMPHIS TN 38103		Mailing Address 100 PEABODY PLACE, SUITE 1400 MEMPHIS TN 38103	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	PC	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BELZ, JACK A	1.1 TITLE	
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400	1.2 NAME	
CITY-ST-ZIP	MEMPHIS TN 38103	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	GROVEMAN, ANDREW J	2.2 NAME	
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38103	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	
NAME	WILLIAMS, JIMMIE D	3.2 NAME	
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38103	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	WILLIAMS, JIMMIE D	4.2 NAME	
STREET ADDRESS	100 PEABODY PLACE, SUITE 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38103	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1998	
4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	
Yes No	

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)