LIMITED LIABILITY COMPANY ANNUAL REPORT 1998  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						SECRETARY OF STATE OIVISION OF CORPORATIONS  98 JUN -5 PM 1: 13			
FILING FEE \$ 188.75		+ \$88.75 To: FLORI	DA DEPA	RTMEN	plemental Fee T OF STATE	]			
ALLE1 -3385-	V & O'HARA CON AIRWAYS BOULD HIS TN 28116	ISTRUC!				1a. Principal Pia	DWAYS D		D -
2. Principal Place	2e. Maili	2a. Mailing Address			3. Date Organize	ed or Qualified	3a. State of F	ormation	
530 Oak Court Suite, Apt. #, etc. Suite 305	P. O. Box 771798  Suite, Apt. #, etc.				10/08/1996 TI 4. FEI Number		<sub>TN</sub>	Applied For	
City & State Jemphis, TN		City & State Memphis, TN				62-1628			Not Applicable
Zip Country 7 8117-3725 USA 3			1798	Count		5. Date of Last Report  6. Certificate of Status E  St. / 5 Additional Fee frequi  8. Name and Address of New Registered Agent/Office		Fee Required	
7. 1	Name and Address of Curren	l Registered	Agent		B. I	Name and Addres	s of New Regis	tered Agent/Off	lce
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  -06/11/9801114004  ****180 75  ****100.75				
its registered office	provisions of Sections 608.416 or registered agent, or both, in th , and accept the obligations.	e State of Flo	rida. Such <b>c</b> ha	ange was a	authorized by affirma	tive vote of a <b>ma</b> jorit	y of the member		of the appointment
10. Title	Managing Members/Managers			VOIT (Ingustered Agent signature required when registating)  Business Street Address			City, State and Zip Code		
	ACDM ALLEN C O'HADA, INC.			2395 AIRWAYC BOULEVARD			MEMBRIS THE		
				3385 ATRWAYS BOULEVARD			MEMDITS TH		
	A PORTER, CLYDE C			2385 AIRWAYS BOULEVARD 530 Oak Court Drive, Suite 305			MEMPHIS TN		

11. Ido heroby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limits of liability company or the receiver or trustoe empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attendment with an address.

Clyde C. Porter

SIGNATURE:

ATOP AND TYPE O OUT PRINTED NAME OF SIGNING MANAGER MEMBER OF MANAGER

6/2/98

901/259-2560