## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P11831

5400 POPLAR AVENUE

MEMPHIS, TN 38119

FOGELMAN PROPERTIES, INC.

Principal Place of Business Mailing Address

5400 POPLAR AVENUE

MEMPHIS, TN 38119

**FILED** Aug 06, 2004 08:00 AM Secretary of State



05042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 62-1248661

Applied Fo Not Applic

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S, PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE

			IIN	I HIS SPACE
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am fàmiliar with, and ac
SIGNATURE_			····	
	Signature, typed or printed name of registered agent and title	e if applicable (NOTE, Registered Agent signatu	re required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., t corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGELMAN, AVRON B. 5400 POPLAR AVENUE MEMPHIS, TN		U00000169529 08/06/04-80004-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, KEVIN Q 5400 POPLAR AVE MEMPHIS, TN			· <del>ii</del> ·
TITLE NAME STREET ADDRESS CITY-SI-ZIP	EVP RANDLES, JOHN A. III 5400 POPLAR AVENUE MEMPHIS, TN		DO NOT WRITE	
TITLE NAME	P FOGELMAN, RICHARD L		IN THIS SPACE	

12. 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 report or supplemental 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 direct 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

ATLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY - ST - Z3P

CITY-ST-ZIP

FOGELMAN, RICHARD L

5400 POPLAR AVE

BAKER, STANLEY F

MEMPHIS, TN

6791 NESHOBA

MEMPHIS, TN

Death