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Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P13690** (3)  
1. Corporation Name  
**VOLARE, LTD. CORPORATION**

Principal Place of Business  
**270 RUTHERFORD LANE  
COLUMBIA TN 38401  
US**

Mailing Address  
**P. O. BOX 89  
COLUMBIA TN 38402  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/19/1987**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		64-0681480		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RUMMEL, MARY  
2323 CORBETT ROAD  
ORLANDO FL 32826**

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
FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S MORRIS, AUDREY	1.1 TITLE	
NAME	270 RUTHERFORD LANE	1.2 NAME	
STREET ADDRESS	COLUMBIA TN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD PRETTENHOFER, JOSEPH	2.1 TITLE	
NAME	270 RUTHERFORD LANE	2.2 NAME	
STREET ADDRESS	COLUMBIA TN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CD SWAROVSKI, M.	3.1 TITLE	
NAME	240 RUTHERFORD LANE	3.2 NAME	
STREET ADDRESS	COLUMBIA TN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP MITCHELL, STEVE	4.1 TITLE	VP
NAME	270 RUTHERFORD LANE	4.2 NAME	Jon Sproul
STREET ADDRESS	COLUMBIA TN	4.3 STREET ADDRESS	270 Rutherford Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Columbia, TN 38401
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	

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.

SIGNATURE: *Audrey Morris* Audrey Morris 2/18/98 (931) 388-5900

CP25034 (10/97)