								- Mari					
FILI	E NOW: FIL	ING FEE A	FT	ER MAY 1 IS	\$22	25	.00						
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTA Sandra B. M Secretary of DIVISION OF CO			ini le							
DOCUMENT # P26022  1. Corporation Name				(4)									
CAVI-	TECH, INC.												
Principal Place	of Business						A						
2400 CRESTMOOR ROAD STE. 315 NASHVILLE TN 37215				2400 CRESTMOOR ROAD STE. 315 NASHVILLE TN 37215									
								3. Date Incorporated or Qualified 09/12/1989	alified <b>3a.</b> Date of Last I <b>01/20/1</b>				
2. Principa! Pia	ace of Business		2a 26	. Mailing Address				4. FEI Number 62-1385073			$\rightarrow$	Applied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75	Not Applicabl Additional Required	е
22				Oity & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip         Country         Zip           4         25         29					Co.	intry		8. This corporation has liability for intangible tax under s 199,032, Florida Statutes Yes No					
		dress of Current R	I		30]	]		10. Name and Address of New			gent	·	
	I, CONNIE					81 82	Name Street Add	ress (P.O. Box Number is Not Accept	able)				_
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						83						· · · · · · · · · · · · · · · · · · ·	_
PLANTATION FL 33324					84 City						05 7	- 01-	_
		,					,			FL		p Code	
or register	ed agent, or both. In	the State of Horida.	Suci	07.1508, Florida Statutes, h change was authorized .0505, Florida Statutes.	the abo by the	ove-r corp	named corpo oration's boa	oration submits this statement for the pard of directors. I hereby accept the ap	ourpose opointme	of chan ent as re	ging its r egistered	egistered offic lagent. I am	ce
SIGNATURE _	Signature, typed or printed r	e ne of registered agent and	litio it	applicable (NOS)	Responses	i Agen	i signa' ne remare	ed when reinstating)	ñ	A11:			- 1.
12. OF HICERS AND DIRECTORS								ADDITIONS/CHANGES TO O			PIRECTO	RS IN 12	
TITLE	PD PO			DELETE	1.11	ITLE					Change	Addition	!
NAME	0400 410 011 071 710 11 DON				1.2 N								
STREET ADDRESS CITY-ST-ZIP	KENNESAW					ADDRESS							
TITLE	TSD			DELETE 2 1 T		ITY-S TILE	1-215			П	Change	Addition	
NAME	NEBHUT, F. I., JR.				2 2 NAM					<b>-</b>	•	_	
STREET ADDRESS 5409 N. STANFORD DR.					235	TREET	ADDRESS						
CITY-ST-ZIP	NASHVILLE T	N 37215		ETI DE COS		IIY-S	T - ZIP					<u>-</u>	
TITLE				DELET'E	3 1 1						Change	Addition	
NAME CTOCC! ADDDCCC					32 N		10000000						
STREET ADDRESS CITY-ST-ZIP						HTY - S	ADDRESS						
VIII - 21 - 21F	<b>.</b>				340	111-5	1-ZIF						- 1

64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 conjouration 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 of Block 13 if challoged, or on an attachment with an address.

4 1 TITLE

4.2 NAME

5 1 TITLE

52 NAME

6 1 THLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

54 CHY-ST-ZIP

44 CITY-ST-ZIP

SIGNATURE!

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

DELFTE

MAN. F. T. Nebhut, Tr. 4.10.6 LG15 386-7000

Change

Change

Change

Addition

Addition

☐ Addition