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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MENT # P28108 CED TANK CERTIFICATION,				Athir Stein Stein abhir athir aidh nabh
Principal Place of Business 211 CENTER PARK DR. SUITE 3020 KNOXVILLE TN 37822		Mailing Address 211 CENTER PARK DR., SUITE #3020 KNOXOVILLE TN 37922-2108 US			
US				3. Date incorporated or Qualified 02/14/1990	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 62-1336887	Applied For Not Applicable
Suite, Apf. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
[23] Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	
24	25 9. Name and Address of Current		30	Florida Statutes 10. Name and Address of New Re	Yes No
	Mest	fand title if applicable. (NOTE:	83 500 84 City A/	AVID L. WOLF ess (P.O. Box Number is Not Acceptable Fifth Avenue S APLES poration submits this statement for the p tion's board of directors. I hereby accept addition to the point of the p tion's board of directors. I hereby accept additions of the period of the perio	TOUTH FL Bt: Zip Code Outpose of changing its registered of the appointment as registered DATE
STHEFT ADDRESS	211 CENTER PK. DR. \$3020 KNOXVILLE TN		1.3 STREET ADDRESS 1.4 City-St-ZiP		
TILE NAME STREET ADORESS CITY - ST, ZIP	STD GRANT, ERICA B. 211 CENTER PK DR. S3020 KNOXVILLE TN	☐ DELETE	21 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS COTY - ST- Z-P		∐l D€LE1E	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		[_] (:hange
THE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
THEF NAME STREET ADORESS CITY: \$1:20		L DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CHY-SI-ZIP		Change Addition
HITE HAME ASHESS		DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

6.4 CITY-ST-ZIP 14. Los liercely 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 signeture 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.

- Enich B. GAPUT- Socretar/Messue 4-16-97

FILED

Apr 25 1997 8:00am

Secretary of State