

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P41001 (9)**

1. Corporation Name  
**APOGEE OF TENNESSEE, INC.**

**FILED**  
95 JUL 21 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
**4515 POPLAR AVE SUITE 322 MEMPHIS TN 38117**      **4515 POPLAR AVE SUITE 322 MEMPHIS TN 38117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 **1018 W NINTH AVE**  
22 City & State 27 **202**  
23 **KING OF PRUSSIA PA**  
24 Zip 25 Country 28 **19406** 29 **USA**

3. Date Incorporated or Qualified **10/19/1992** 3a. Date of Last Report **06/08/1994**  
4. FEI Number **62-1318459** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for international tax under a 1992 case, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY ST ZIP  
P **MADDOCK, RICHARD C.**  
**4515 POPLA AVE., #322**  
**MEMPHIS TN**  
VP **CAROLINE H. FLEMING**  
**237 PARK AVE 20TH FLOOR**  
**NEW YORK NY 10017**  
DVPS **JOSEPH J. TRAVIA**  
**1018 WEST 9TH AVE**  
**KING OF PRUSSIA PA**  
AS **ROBERT A. OUILETTE**  
**237 PARK AVE 20TH FLOOR**  
**NEW YORK NY 10017**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **PRESIDENT**  
1.3 STREET ADDRESS **LAWRENCE M DAVIES**  
1.4 CITY ST ZIP **1018 W NINTH AVE**  
**KING OF PRUSSIA, PA 19406**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(b), 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 of this report, or other attachment with an address.

SIGNATURE: **LAWRENCE M. DAVIES** 7/11/95 610-992-7670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)