

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P41001 (9)**

1. Corporation Name
APOGEE OF TENNESSEE, INC.



Principal Place of Business: **4515 POPLAR AVE SUITE 322 MEMPHIS TN 38117**
Mailing Address: **1018 W. NINTH AVENUE SUITE 202 KING OF PRUSSIA PA 19406 US**

3. Date incorporated or Qualified: **10/19/1992**
3a. Date of Last Report: **07/21/1995**
4. FEI Number: **62-1318459**
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 intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 4515 Poplar ave. Suite, Apt. #, etc. 22 Suite 322 City & State 23 Memphis, TN. Zip 24 38117 Country 25**
2a. Mailing Address: **26 1018 W Ninth Ave Suite, Apt. #, etc. 27 City & State 28 King of Prussia, PA Zip 29 19406 Country 30 USA**

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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0535, Florida Statutes.

SIGNATURE: _____ (Type or Print Name of Registered Agent) _____ (Type or Print Name of Registered Agent) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, LAWRENCE M.	1.2 NAME	
STREET ADDRESS	1018 W. NINTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA	1.4 CITY-ST-ZIP	
TITLE	VP	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLINE H. FLEMING	2.2 NAME	
STREET ADDRESS	237 PARK AVE 20TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	2.4 CITY-ST-ZIP	
TITLE	DVPS	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH J. TRAVIA	3.2 NAME	Secretary
STREET ADDRESS	1018 WEST 9TH AVE	3.3 STREET ADDRESS	Stanley F. Szczygiel
CITY-ST-ZIP	KING OF PRUSSIA PA	3.4 CITY-ST-ZIP	1018 W. Ninth Ave., King of Prussia, PA 19406
TITLE	AS	4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT A. OUMETTE	4.2 NAME	TREASURER
STREET ADDRESS	237 PARK AVE 20TH FLOOR	4.3 STREET ADDRESS	JOSEPH W. WILKS
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	1018 W NINTH AVE., KING OF PRUSSIA, PA 19406
TITLE		5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	ALAN VINICK
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1018 W NINTH AVE., KING OF PRUSSIA, PA 19406
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 corporation, or a receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42-96 60992-7670
Date: _____ Day/Year Filing #

CR2E034 (12/95)