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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra 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 19406-1233
US**



3. Date Incorporated or Qualified **10/19/1992** 3a. Date of Last Report **05/01/1996**

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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DAVIES, LAWRENCE M.**
STREET ADDRESS **1018 W. NINTH AVENUE**
CITY - ST - ZIP **KING OF PRUSSIA PA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VPS** ☐ DELETE
NAME **CAROLINE H. FLEMING**
STREET ADDRESS **237 PARK AVE 20TH FLOOR**
CITY - ST - ZIP **NEW YARK NY 10017**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE
NAME **SZCZYGIEL, STANLEY F**
STREET ADDRESS **1018 W. NINTH AVE.**
CITY - ST - ZIP **KING OF PRUSSIA PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **AS** ☐ DELETE
NAME **ROBERT A. OUIMETTE**
STREET ADDRESS **237 PARK AVE 20TH FLOOR**
CITY - ST - ZIP **NEW YORK NY 10017**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **WILKS, JOSEPH W**
STREET ADDRESS **1018 W. NINTH AVE.**
CITY - ST - ZIP **KING OF PRUSSIA PA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **VINICK, ALAN**
STREET ADDRESS **1018 W. NINTH AVE.**
CITY - ST - ZIP **KING OF PRUSSIA PA**

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 610-992-7200

Date

Daytime Phone

CR2E034 (9/96)