

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

4515 POPLAR AVE  
SUITE 322  
MEMPHIS TN 38117

1018 W. NINTH AVENUE  
SUITE 202  
KING OF PRUSSIA PA 19406  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

4. FEI Number

62-1318459

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE VPS ☒ DELETE

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

TITLE S ☐ DELETE

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

TITLE AS ☐ DELETE

NAME ROBERT A. OUMETTE  
STREET ADDRESS 237 PARK AVE 20TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017

TITLE T ☒ DELETE

NAME WILKS, JOSEPH W  
STREET ADDRESS 1018 W. NINTH AVE.  
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE D ☒ DELETE

NAME VNICK, ALAN  
STREET ADDRESS 1018 W. NINTH AVE.  
CITY-ST-ZIP KING OF PRUSSIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition

1.2 NAME mark gibson  
1.3 STREET ADDRESS 1018 W 9th Ave  
1.4 CITY-ST-ZIP King of Prussia, PA 19406

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Lawrence Davies  
2.3 STREET ADDRESS Same as indicated  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 400002445964--2  
3.3 STREET ADDRESS -03/03/98--01085--001  
3.4 CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

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 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

CR2E034 (10/97)