

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000050382</b>		
1. Entity Name FOW FLORIDA, INC.		
Principal Place of Business 5401 W OAKRIDGE ROAD ORLANDO, FL 32819	Mailing Address 5401 W OAKRIDGE ROAD ORLANDO, FL 32819	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CORPORATION INFORMATION SERVICES INC 1201 HAYS STREET TALLAHASSEE, FL 32301		4. FEI Number <b>62-1535885</b> <div style="border: 1px solid black; padding: 2px; float: right;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE _____</span>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELZ, MARTIN S. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, SPENCER S 25 BAYRIDGE COURT APOPKA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, JIMMIE D. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROVEMAN, ANDREW J. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELZ, RONALD A. 100 PEABODY PLACE, STE. 1400 MEMPHIS, TN 38103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
<b>SIGNATURE:</b>  <u>Jimmie D. Williams</u> <u>1/10/04</u> <u>901-71014780</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span></small>		