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

FILED Mar 31 1998 8:00am Secretary of State

Principal Place 1629 WINCHI MEMPHIS TN 2. Principal Place 21 Suite, Apt 22 City & State	Place of Business #, etc.	Mailing Address 1629 WINCHESTER ROAD MEMPHIS TN 38116 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			DO NOT WRITE IN THI: 3. Date Incorporated or Qualified 08/02/1995 4. FEI Number 62-1611623 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		
Zip	Zip Country Zip Cou		Countr	у	8. This corporation owes or has paid the c		
24	25 29 30		30	Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	d Agent	
LOWER, BRIAN C/O ORANGE LAKE COUNTRY CLUB 8505 WEST IRLO BRONSON MEMORIAL HWY							
			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
KISSIMMEE FL 34747			83				
·			84	City		. 85 Zip Code	
<u> </u>				,	F i	L	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S 				re-named cor y the corpora is.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered appointment as registered	
SIGNATURE	Signature, lysied or printed harve of registered agen	Alox			uired when reinstating) DATE		
12.	OFFICERS AND		13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE			1.1 TITLE			Change Addition	
NAME	WILSON, C. KEMMONS JR		1.2 NAME			2	
STREET ADDRESS	1829 WINCHESTER ROAD		1.3 STREET ADDRESS			ا پا	
CITY-ST-ZIP	MEMPHIS TN 38116 VD T DELETE		1.4 C/TY-ST-Z/P			Change Addition	
TITLE	WILLOOM ODENOT		2.1 TITLE			☐ Change ☐ Addition C	
NAME STREET ADDRESS	4800 MINIOUECTED DOAD		2.2 NAME	T ADDRESS			
CITY-ST-ZIP	MEMBLIN TALONAR		2.4 CITY-				
TITLE	2.17		3.1 TITLE	V: E#		☐ Change ☐ Addition	
NAME	WILSON, ROBERT A		3.2 NAME				
STREET ADDRESS	1629 WINCHESTER ROAD		3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3 4. CITY-	ST-ZIP			
TITLE	OFOROE OLOVER	DELETE 4.1 T				☐ Change ☐ Addition	
NAME .	GEORGE, GLOVER 1629 WINCHESTER ROAD		4. 2 NAME	ì			
STREET ADDRESS	MEMPHIS TN 38116	140		T ADDRESS		İ	
CITY-ST-ZIP TITLE	VID	DELETE	4.4 CITY -	ST-ZIP		Change Addition	
NAME	PETTEY, JOHN III	veete	5.2 NAME				
STREET ADDRESS	1629 WINCHESTER ROAD			T ADDRESS	•		
CITY-ST-ZIP	MEMPHIS TN 38116		5.4 CfTY-				
TITLE	S DELETE 6.1 TO		6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS	1629 WINCHESTER ROAD		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	MEMPHIS TN 38116		6.4 CITY-	ST-ZIP			

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 execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if managed or or an attachment with an address