


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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90123 028 \*\*\*150.00

0278943

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000053089**

1. Corporation Name  
**GORDON INVESCO, INC.**

Principal Place of Business C/O JEROME L. WOLF. ESQUIRE 450 EAST LAS OLAS BLVD. #800 FORT LAUDERDALE FL 33301	Mailing Address C/O JEROME L. WOLF. ESQUIRE 450 EAST LAS OLAS BLVD. #800 FORT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/11/1998**

2. Principal Place of Business 21 c/o Jerome J. Wolf, Esq. Suite, Apt. #, etc. 22 450 E. Las Olas Blvd., #950 City & State 23 Ft. Lauderdale, FL Zip Country 24 33301 25	2a. Mailing Address 26 c/o Jerome J. Wolf, Esq. Suite, Apt. #, etc. 27 450 E. Las Olas Blvd., #950 City & State 28 Ft. Lauderdale, FL Zip Country 29 33301 30
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4. FEI Number 65-0847767	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CARELL, JAMES W</b>
STREET ADDRESS	<del>406 HORSHOE LANE XXXX</del>
CITY-ST-ZIP	<del>NASHVILLE TN 37276X</del>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CORRECT ADDRESS:</b>
STREET ADDRESS	<b>4015 Travis Dr., Suite 200</b>
CITY-ST-ZIP	<b>Nashville, TN 37211</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Carell, James W. Correct Address:</b>
1.3 STREET ADDRESS	<b>406 Horseshoe Lane 4015 Travis Dr</b>
1.4 CITY-ST-ZIP	<b>Nashville TN 37076 Nashville 37211</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*CAM/LE*  
**CORRECT**  
**TO 4015 TRAVIS DR.**  
**37211**

*Both 12/12*  
**TEDE ISSUE CH 150**  
**NOTIFY MARLA BY 2/20**  
**NOTES on this**  
**what she**  
**1/1**

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, with all other like empowered.

SIGNATURE: *J. W. Carell* \_\_\_\_\_ DATE: *2/20/99* 615-333-5988 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)