

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *SD0824*
1. Corporation Name
Northwest Regional Investments, Inc.

700001838467
-05/24/96--01038--023
***200.00

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified <i>6/17/91</i>	3a. Date of Last Report <i>4/06/95</i>
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <i>62-1470785</i>	Applied For <input type="checkbox"/>	Not Applicable	
21 <i>One Park Plaza</i>	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
22 Suite, Apt. #, etc.	27 <i>P.O. Box 570</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
23 <i>Nashville, TN</i>	28 <i>Nashville, TN</i>	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 <i>37203</i>	25 <i>USA</i>	29 <i>37203</i>	30 <i>U.S.A.</i>		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<i>The Prentice-Hall Corporation System 1201 Hays Street Suite 105 Tallahassee, FL 32301</i>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<i>Asen, Daniel</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>7975 NW 154th Street, #400 A</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Miami Lakes, FL 33016</i>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>VD.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<i>Brown, Stephen T.</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>One Park Plaza</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>Nashville, TN 37203</i>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>DVT</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>Cobby, David C.</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>One Park Plaza</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Nashville, TN 37203</i>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>S</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<i>Franck, John M</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>One Park Plaza</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Nashville, TN 37203</i>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<i>V</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Schweinhart, Richard A.</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>One Park Plaza</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Nashville, TN 37203</i>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<i>V</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<i>Johnson, R. Milton</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>One Park Plaza</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>Nashville, TN 37203</i>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R. Milton Johnson* *4-29-96* *615-327-9551*