

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S60824 (7)

1. Corporation Name  
NORTHWEST REGIONAL INVESTMENTS, INC.

Principal Place of Business

ONE PARK PLAZA  
NASHVILLE TN 37203  
US

Mailing Address

P.O. BOX 570  
ATTN: TAX DEPT  
NASHVILLE TN 37202-0570  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 PO BOX 750	06/17/1991	05/01/1996
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Zip	28 Nashville TN	62-1470785	Not Applicable
24 Country	29 37202	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 USA	6. Election Campaign Financing	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM  
1201 HAYES ST.  
STE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

By signing, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MOEN, DANIEL R	1.1 TITLE	Change Addition
NAME	7975 NW 154 ST #400A	1.2 NAME	Fleetwood, Jim
STREET ADDRESS	MIAMI LAKES FL 33018	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BRAUN, STEPHEN T.	2.1 TITLE	Change Addition
NAME	ONE PARK PLAZA	2.2 NAME	
STREET ADDRESS	NASHVILLE TN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VDT OOLBY, DAVID C.	3.1 TITLE	Change Addition
NAME	ONE PARK PLAZA	3.2 NAME	Donahay, Kenneth
STREET ADDRESS	NASHVILLE TN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V SCHWEINHART, RICHARD A	4.1 TITLE	Change Addition
NAME	ONE PARK PLAZA	4.2 NAME	Hon. Rosalyn
STREET ADDRESS	NASHVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S FRANCK, JOHN M	5.1 TITLE	Change Addition
NAME	ONE PARK PLAZA	5.2 NAME	
STREET ADDRESS	NASHVILLE TN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V JOHNSON, R. MILTON	6.1 TITLE	Change Addition
NAME	ONE PARK PLAZA	6.2 NAME	
STREET ADDRESS	NASHVILLE TN	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)