

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

FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K86210 (7)
1. Corporation Name
AVCAM, INC.



Principal Place of Business 520 SW 71ST WAY PEMBROKE PINES FL 33023	Mailing Address 520 SW 71ST WAY PEMBROKE PINES FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4411 NATHAN DRIVE Suite, Apt. #, etc. 22 City & State 23 KNOXVILLE TN Zip 24 37938		2a. Mailing Address 26 4411 NATHAN DRIVE Suite, Apt. #, etc. 27 City & State 28 KNOXVILLE TN Zip 29 37938		3. Date Incorporated or Qualified 05/08/1989	
				4. FEI Number 65-0116688	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLIGAN, CAROLE R. 520 SW 71ST WAY PEMBROKE PINES FL 33023		10. Name and Address of New Registered Agent 81 Name MILLIGAN, CAROLE R. 82 Street Address (P.O. Box Number is Not Acceptable) 310 N. 72ND TERRACE 83 84 City HOLLYWOOD, FL 85 Zip Code 33024	
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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 *Carole R. Milligan, Secretary-Treasurer* DATE 2-23-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLIGAN, DAVID P. 520 SW 71ST WAY PEMBROKE PINES FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD MILLIGAN, DAVID P. 4411 NATHAN DRIVE KNOXVILLE, TN 37938
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLIGAN, CAROLE R. 520 SW 71ST WAY PEMBROKE PINES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	STD MILLIGAN, CAROLE R. 4411 NATHAN DRIVE KNOXVILLE, TN 37938
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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.

SIGNATURE: *David P. Milligan* 2/23/98 (423) 925-1572

CR2E034 (10/97)