

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

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Apr 11 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 # P08365 (9)

1. Corporation Name
ILLUMELEX CORPORATION

Principal Place of Business 2825 HUNLEIGH DR SUITE 104 RALEIGH NC 27604	Mailing Address PO BOX 10461 RALEIGH NC 27605-0461
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1985	3a. Date of Last Report 02/09/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 56-1490835		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
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	CEO	1.1 TITLE	CEO, DIRECTOR
NAME	CHAPPELL, R. HAROLD	1.2 NAME	R. HAROLD CHAPPELL
STREET ADDRESS	4204 BERRY D SIMS WYND	1.3 STREET ADDRESS	4204 BERRY D SIMS WYND
CITY-ST-ZIP	RALEIGH NC 27604	1.4 CITY-ST-ZIP	RALEIGH, NC 27604
TITLE	D	2.1 TITLE	COO, TREAS, SEC
NAME	CHAPPELL R. HAROLD	2.2 NAME	RANDOLPH COUPLAND
STREET ADDRESS	P.O. BOX 10461 NA	2.3 STREET ADDRESS	724-204 ROYAL ANNE LANE
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	RALEIGH, NC 27615
TITLE	CFOS	3.1 TITLE	CFO
NAME	COUPLAND, J. RANDOLPH	3.2 NAME	ROBERT NAYLOR
STREET ADDRESS	724-204 ROYAL ANNE LANE	3.3 STREET ADDRESS	1108 WILLOW DRIVE
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	CHAPMAN HILL, NC 27614
TITLE	D	4.1 TITLE	DIRECTOR
NAME	DOGGETT, RON E	4.2 NAME	JAMES H. KNOWLES JR
STREET ADDRESS	6131 FALLS OF NEUSE RD	4.3 STREET ADDRESS	203 LOTWAD ST
CITY-ST-ZIP	RALEIGH NC 27609	4.4 CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	D	5.1 TITLE	DIRECTOR
NAME	EARTHMAN, BILL	5.2 NAME	DEANIS J. DOUGHERTY
STREET ADDRESS	310 25TH AVE N #103	5.3 STREET ADDRESS	1000 PARK FORTY PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203	5.4 CITY-ST-ZIP	ATLANTA, NC 27609
TITLE	D	6.1 TITLE	DIRECTOR
NAME		6.2 NAME	ROBERT WEIDAN
STREET ADDRESS		6.3 STREET ADDRESS	518 STUART RIDGE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CRAVEN, NC 28032

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: _____ 2/6/97 919-834-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____

CR2E034 (9/96)