


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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S38483 (1)**  
 1. Corporation Name  
**HALO MANAGEMENT, INC.**



Principal Place of Business <b>595 HICKS ROAD                  SUITE 16G                  NASHVILLE TN 37221                  US</b>	Mailing Address <b>595 HICKS ROAD                  SUITE 16G                  NASHVILLE TN 37221                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/14/1991</b>	
4. FEI Number <b>59-3077405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 7545 OLD HARDING ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 7545 OLD HARDING ROAD</b> Suite, Apt. #, etc.
City & State <b>23 NASHVILLE, TN</b>	City & State <b>28 NASHVILLE TN</b>
Zip <b>24 37221</b>	Country <b>25 USA</b>
Zip <b>29 37221</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent <b>ALLEN, ROBERT G                  3040 GULF TO BAY BLVD SUITE 200A                  CLEARWATER FL 34619</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

10. Name and Address of New Registered Agent
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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: *Robert Allen* **ROBERT ALLEN DIRECTOR** DATE: **4-24-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ALLEN, ROBERT G	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ROBERT G	1.2 NAME	ALLEN, ROBERT G.
STREET ADDRESS	595 HICKS ROAD SUITE 16G	1.3 STREET ADDRESS	7545 OLD HARDING ROAD
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	NASHVILLE, TN 37221
TITLE D	ALLEN, LESA L	2.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LESA L	2.2 NAME	ALLEN, LESA L
STREET ADDRESS	595 HICKS ROAD SUITE 16G	2.3 STREET ADDRESS	7545 OLD HARDING ROAD
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	NASHVILLE, TN 37221
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *Robert Allen* **ROBERT ALLEN, DIRECTOR** DATE: **4-24-98 615 646-0571**

CRE034 (10/97)