

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

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90026 012 ***150.00

0274538

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K33487					
1. Corporation Name MORRIS QUAIL FARM, INC.					
Principal Place of Business 18370 S.W. 232 ST. GOULDS FL 33170			Mailing Address 18370 S.W. 232 ST. GOULDS FL 33170		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0083910	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	Country	29	Country	7. Trust Fund Contribution	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DATRAN CORPORATE AGENTS INC. 9100 S DADELAND BLVD PENTHOUSE I MIAMI FL 33156			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code
			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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PSD	DELETE			
NAME	MORRIS, EDWARD				
STREET ADDRESS	18370 S.W. 232 ST.				
CITY-ST-ZIP	GOULDS FL				
TITLE	VP	DELETE			
NAME	MORRIS, MICHELLE				
STREET ADDRESS	18370 SW 232 ST.				
CITY-ST-ZIP	GOULDS FL				
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Change Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	Change Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	Change Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	Change Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	Change Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	Change Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

Michelle Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99

305 248-5589

Date

Daytime Phone #

CR2E034 (1/98)