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

PROFIT CORPORATION ANNUAL REPORT

1999

MORRIS QUAIL FARM, INC.

1. Corporation Name

DOCUMENT # K33487



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90026 012 ***150.00

	·					
Principal Place of Business Mailing Address						T SENTATIV BEN 1510B 5115) DIBÖL TÖYLE INDEL BURST OLDIR BURST OLDIR DIBÖL BYDDI YADIL
·		18370 S.W. 232 ST.	70 S.W. 232 ST.			
GOULDS FL 33	1170	GOULDS FL 33170				· .
						DO NOT WRITE IN THIS SPACE
					•	3. Date Incorporated or Qualifed
3 Principal P	lace of Rusiness	2a. Mailing Address				09/19/1988 4. FEI Number Applied For
						4. FEI Number Applied For Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & Stat	e	City & State				6: Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country Zip			itry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Cur		1,551			10. Name and Address of New Registered Agent
				81	Name	
	ran corporate agents in	IC.		82	Stroot A	Address (D.O. Boy Number is Not Assessable)
9100 S DADELAND BLVD]	°2	Street A	Address (P.O. Box Number is Not Acceptable)
PENTHOUSE I			ţ	83		
MIAMI FL 33156				_		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stati	utes, the ab	ove-	named o	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida, Such change was inations of Section 607 0505. F	authorized Iorida Statu	by ti	he corpor	oration's board of directors. I hereby accept the appointment as registered
-	m lamilar war, and accept the obi	gations of, occiton bor.coop, in	Olda Olaid			
SIGNATURE	Signature, typed or printed name of registered in	agent and title if applicable. (NO	E: Registered /	Agent	signature req	required when reinstating) DATE
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 ΤΙΠ	E		☐ Change ☐ Addition
NAME	MORRIS, EDWARD		1.2 NAM	1.2 NAME		
STREET ADDRESS	18370 S.W. 232 ST.		1.3 STR	EET A	ADDRESS	
CITY-ST-ZIP	GOULDS FL		1.4 CIT	Y-ST-	ZIP	
TITLE	VP	☐ DELETE	2.1 TITL	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, MICHELLE		2.2 NAM	2.2 NAME		
STREET ADDRESS	18370 SW 232 ST.		2.3 STR	EET A	ADDRESS	
CITY-ST-ZIP	GOULDS FL	- · · · · · · · · · · · · · · · · · · ·	- 2.4 CIT	Y-ST-	-ZIP -	
TILE	-	☐ DELETE	3.1 TITL	Æ		☐ Change ☐ Addition
NAME .			3.2 NAM	Æ		
STREET ADDRESS			3.3 STR	EET A	ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y-ST-	-ZIP	·
TITLE		☐ DELETE	4.1 TITL	E.		☐ Change ☐ Addition
NAME			4.2 NA	ME	- 1	
STREET ADDRESS			4.3 STR	EET A	ADDRESS	
CITY-ST-ZIP			4.4 GIT	Y-\$T-	ZIP	
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAA	ΚE	ļ	
STREET ADDRESS			5.3 STR	EET A	NDDRESS	
CITY+ST-ZIP			5.4 CIT	/-ST-	ZIP	
TITLE	· · ·	☐ DELETE	6.1 T(T).	E		☐ Change ☐ Addition
NAME .			6.2 NAA	Æ	ĺ	
			63 STR	FFT A	NODRESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

305 248-5589