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Jan 28, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-28-1999 90059 022 *****61.25

DOCUMENT # **N94000005993**

1. Corporation Name
HAROLD M. AND MARY B. MORRIS CHARITABLE FOUNDATI ON, INC.

Principal Place of Business: 437 HOLIDAY DRIVE HALLANDALE FL 33009
 Mailing Address: 437 HOLIDAY DRIVE HALLANDALE FL 33009



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 437 HOLIDAY DR.	26 Suite, Apt. #, etc.	12/07/1994
22 City & State	27 City & State	4. FEI Number
23 HALLANDALE FL.	28	65-0540242
24 33009	29	Applied For
	30	Not Applicable
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, FRANK T 1101 BRICKEL AVE. SUITE 1801 MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRIS, HAROLD M. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, HAROLD M.	1.2 NAME	
STREET ADDRESS	437 HOLIDAY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	D MORRIS, MARY B. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MARY B.	2.2 NAME	
STREET ADDRESS	437 HOLIDAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	D SHABEL, ARLEEN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHABEL, ARLEEN	3.2 NAME	
STREET ADDRESS	751 MILL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057	3.4 CITY-ST-ZIP	
TITLE	D MORRIS, BARRY N. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, BARRY N.	4.2 NAME	
STREET ADDRESS	945 S. ANDREWS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE CO 80027	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 617, 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.

SIGNATURE: _____ DATE: 1/11/99 (924) 457-7355
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (1/98)