

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 10:10

DOCUMENT # **V08628** (2)

1. Corporation Name
MORRIS FAMILY CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
205 WORTH AVENUE 584 ISLAND DRIVE
PALM BEACH FL 33480 PALM BEACH FL 33480
US US

3. Date Incorporated or Qualified 01/21/1992 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0315846 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27
City & State 23 City & State 28
Zip 24 Country 25 Zip 29 Country 30

9. Name and Address of Current Registered Agent
ROGERS, ALLEY
321 ROYAL PODORIANA PLAZA
PALM BCH FL 33480

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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
TITLE PD
NAME MORRIS, ARTHUR A.
STREET ADDRESS 584 ISLAND DRIVE
CITY- ST- ZIP PALM BEACH FL 33480
TITLE VD
NAME MORRIS, DWIGHT M
STREET ADDRESS 1721 ALLARD RD.
CITY- ST- ZIP CHAPEL HILL NC 27514
TITLE TD
NAME MORRIS, ROBERT
STREET ADDRESS 7752 SHADY CREEK RD.
CITY- ST- ZIP DUBLIN CA 94568
TITLE SD
NAME GEORGE, DEBORAH M
STREET ADDRESS 4182 OAKWOOD DR.
CITY- ST- ZIP WILLIAMSVILLE NY 14221
TITLE D
NAME MORRIS, BARBARA R
STREET ADDRESS 584 ISLAND DR.
CITY- ST- ZIP PALM BEACH FL 33480
TITLE D
NAME MORRIS, DAVID A
STREET ADDRESS 2245 ANESBURT COURT
CITY- ST- ZIP WELLINGTON FL 33414

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Arthur A. Morris M.D.* Arthur A. Morris (407) 838-4135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR