

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

FILED

96 JAN 24 PH 2:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V08628** (2)

1. Corporation Name
MORRIS FAMILY CORPORATION



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

3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 02/09/1995
4. FEI Number 65-0315846	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

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

81. Name	<i>— 0 —</i>
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. 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 _____ DATE _____
Signature typed or printed in name of registered agent and the filer is acceptable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, ARTHUR A.	
STREET ADDRESS	584 ISLAND DRIVE	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, DWIGHT M	
STREET ADDRESS	1721 ALLARD RD.	
CITY-STATE-ZIP	CHAPEL HILL NC 27514	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT	
STREET ADDRESS	7752 SHADY CREEK RD.	
CITY-STATE-ZIP	DUBLIN CA 94568	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEORGE, DEBORAH M	
STREET ADDRESS	4182 OAKWOOD DR.	
CITY-STATE-ZIP	WILLIAMSVILLE NY 14221	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, BARBARA R	
STREET ADDRESS	584 ISLAND DR.	
CITY-STATE-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DAVID A	
STREET ADDRESS	2245 ANESBURT COURT	
CITY-STATE-ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800001707538
1.4 CITY-STATE-ZIP	-02/06/96--01061--010
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	****200.00 ****200.00
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(k), 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* DATE: **1-16-96** DAYTIME PHONE: **407-659-83**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)