

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

FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V08628 (2)
 1. Corporation Name
MORRIS FAMILY CORPORATION



Principal Place of Business 605 WORTH AVENUE WORTH AVENUE WORTH AVENUE	Mailing Address 584 ISLAND DRIVE PALM BEACH FL 33480-4747 US
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2. Principal Place of Business 21 584 Island Drive Suite, Apt. #, etc. 22 City & State 23 Palm Beach, FL. Zip 24 33480-4747 Country 25 U.S.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 01/24/1996
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent
 81 Name **Arthur A. Morris**
 82 Street Address (P.O. Box Number is Not Acceptable)
584 Island Drive
 83
 84 City **Palm Beach, FL** 85 Zip Code **33480-4747**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.
 SIGNATURE **Arthur A. Morris** *Arthur A. Morris* **Feb 4, 1997**
(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-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, DWIGHT M	
STREET ADDRESS	1721 ALLARD RD.	
CITY-ST-ZIP	CHAPEL HILL NC 27514	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT	
STREET ADDRESS	7732 SHADY GREEN RD.	
CITY-ST-ZIP	DURHAM NC 27688	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEORGE, DEBORAH M	
STREET ADDRESS	4182 OAKWOOD DR.	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, BARBARA R	
STREET ADDRESS	584 ISLAND DR.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3408 INVERNESS DRIVE	
3.4 CITY-ST-ZIP	Chevy Chase, MD, 20815	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Arthur A. Morris* **Arthur A. Morris** (NOT) 828-4125

CR2E034 (9/96)