

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 504 ISLAND DRIVE PALM BEACH FL 33480-747- US-	Mailing Address 504 ISLAND DRIVE PALM BEACH FL 33480 - US-
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3408 INVERNESS DRIVE	26 3408 INVERNESS DRIVE	01/21/1992		4. FEI Number	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0315846		Applied For	
22 --	27 --	5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
23 CHEVY CHASE, MD	28 CHEVY CHASE, MD	8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
City & State	City & State	5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 20815-5623	25 MONTGOMERY	29 20815-5623		30 MONTGOMERY	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORRIS, ARTHUR A. 504 ISLAND DRIVE - PALM BEACH FL 33480-4717				81 Name DAVID A. MORRIS 82 Street Address (P.O. Box Number is Not Acceptable) 2245 AMESBURY COURT 2245 AMESBURY COURT 83 2245 AMESBURY COURT 84 City WELLINGTON, FL 85 Zip Code 33414			

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 607.0503, Florida Statutes.

SIGNATURE **DAVID A. MORRIS** DATE **X 2-9-98**
Signature typed or printed name of registrant required 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	PP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ARTHUR A.	1.2 NAME	
STREET ADDRESS	504 ISLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DWIGHT M	2.2 NAME	
STREET ADDRESS	1721 ALLARD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC 27514	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, ROBERT	3.2 NAME	
STREET ADDRESS	3408 INVERNESS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	3.4 CITY-ST-ZIP	20815-5623
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, DEBORAH M	4.2 NAME	
STREET ADDRESS	4182 OAKWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DAVID A	5.2 NAME	
STREET ADDRESS	2245 AMESBURY COURT 2245 AMESBURY CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert A Morris** **ROBERT A. MORRIS** DATE **2/9/98** (301) 215-4676
Signature typed or printed name of signing officer or director Date Daytime Phone # 0228144

CR2E034 (10/97)