

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

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90206 033 ***150.00
 03-04-1999 90206 034 ****61.25

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V08628

1. Corporation Name
MORRIS FAMILY CORPORATION

Principal Place of Business 3408 INVERNESS DR CHEVY CHASE MD 20815-5623 US	Mailing Address 3408 INVERNESS DR CHEVY CHASE MD 20815-5623 US
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DO NOT WRITE IN THIS SPACE

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
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 01/21/1992	
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MORRIS, ARTHUR A.
2245 AMESBURY CT
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name DAVID MORRIS	
82 Street Address (P.O. Box Number is Not Acceptable) 2245 ANESBURY COURT	
83	
84 City WELLINGTON	85 Zip Code FL 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 607.0505, Florida Statutes.

SIGNATURE *DAVID MORRIS* **DAVID A. MORRIS** **2-11-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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	3408 INVERNESS DRIVE
CITY-ST-ZIP	CHEVY CHASE MD 20815
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	GEORGE, DEBORAH M
STREET ADDRESS	4182 OAKWOOD DR.
CITY-ST-ZIP	WILLIAMSVILLE NY 14221
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRIS, DAVID A
STREET ADDRESS	2245 AMESBURY CT
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MORRIS, DWIGHT M
1.3 STREET ADDRESS	1721 ALLARD RD
1.4 CITY-ST-ZIP	CHAPEL HILL, NC 27514
2.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORRIS, ROBERT
2.3 STREET ADDRESS	3408 INVERNESS DRIVE
2.4 CITY-ST-ZIP	CHEVY CHASE, MD 20815
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORRIS, DAVID A
4.3 STREET ADDRESS	2245 ANESBURY CT
4.4 CITY-ST-ZIP	WELLINGTON, FL 33414
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 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, with all other like empowered.

SIGNATURE: *Robert A Morris* **ROBERT A MORRIS** **2/11/99** **301-215-4676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)