Inite PD DELETE Inite NAME MORSE, IRWIN 12 NAME STREET ADDRESS 151 S.E. 15TH ROAD, 10 FLOOR 13 STREET ADDRESS CITY-ST-ZIP MIAMI FL 14 CITY-ST-ZIP TITLE SD 14 CITY-ST-ZIP NAME JOHNSTON, F.B. 21 TITLE STREET ADDRESS 10901 CARROLLWOOD DRIVE 23 STREET ADDRESS CITY-ST-ZIP TAMPA FL 24 CITY-ST-ZIP TITLE PD DELETE STREET ADDRESS 10901 CARROLLWOOD DRIVE 24 CITY-ST-ZIP TITLE PD DELETE STREET ADDRESS 10901 CARROLLWOOD DRIVE 24 CITY-ST-ZIP TITLE PD DELETE 31 TITLE Change Addite NAME MORSE, IRWIN S 32 NAME STREET ADDRESS 151 SE 15 RD 10 FLR 33 STREET ADDRESS CITY-ST-ZIP MIAMI FL Otheress MIAMI FL 33 STREET ADDRESS 34 CITY-ST-ZIP	FILE NOW: FILING FEE AF PROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED Apr 25, 1999 8:00 am Secretary of State 04-25-1999 90050 036 ***150.00			
American Place of Business Maling Address SE 15TH RD. 151 SE 15TH RD. LOR R 0 FLOSR 10 NAMI FL 331291247 DO NOT WRITE IN THIS SPACE All R 1 331291247 John Comportated or Qualified NAMI FL 331291247 John Comportated or Qualified Z. Principal Place of Business 2a. Suite, Apl. #, etc. 2a. Suite, Apl. #, etc. 2a. Zip Country All State City & State 6. Election Campaign Financing State State Zip Country All Zip Country 2b. State 6. Election Campaign Financing State 5.00 May De John Country 2b. Zip Country State 10. Name and Address of Naw Registered Agent MORSE-IRWIN S. State 151 SE 15TH RD. MAMM FL 33129 State 151 SE 15TH RD. MAMM	 Corporation 	name						1 100110 11011 10011 10010 10011			
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2. State Suite, Apt. #, etc. 5. Cartificate of Status Desired \$8.75 Additional Fee Required 2. City & State City & State 5. Cartificate of Status Desired \$5.00 May Be 2. Zip Country 2a This corporation owes the current year Intangible Personal Property Tax Yes 2. B. Name and Address of Current Registered Agent \$1 Name 10. Name and Address of New Registered Agent WORSE, IRWIN S 16. Name of Statutes, of Current Registered Agent \$1 Name 10. Name and Address of New Registered Agent MIANI FL, 33 129 Current Registered Agent, and the digraphic of Statutes, Statutes, by the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, by the corporation's board of directors. I hereby accept the epointment as registered agent, or both, in the State of Florida. Statutes, by the corporation's board of directors. I hereby accept the epointment as registered agent, or both, in the State of Florida. Statutes, by the corporation's board of directors. I hereby accept the epointment as registered agent, or both, in the State of Florida. Sta	51 SE 15TH R LOOR 10	D.	151 SE FLOOR	15th RD. 10				DO NOT Date Incorporated or Qu	WRITE IN TH		
City & State City & State State<	Suite, Apt.		26		• <u>-</u>	;	4.	FEI Number 59-1154966	redi	\$8.75 A	t Applicable
8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MORSE / IRWIN S. 81 BRICKELL EAST.FL 10, 151 SE 15TH RD. MIAMI FL 33129 MIAMI FL 33129 B4 City FL 65 Zip Code f1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and family with, and accept the obligations of. Section 607.0505, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of. Section 607.0505, Fiorida Statutes. SIGNATURE Agent Section 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the obligations of. Section 607.0505, Fiorida Statutes. SIGNATURE Agent Section 607.0505, Fiorida Statutes. Bignature, typed or printed name of registered agent and tills if registeried (NOTE: Registered Agent Section 70.0507, Fiorida Statutes. SIGNATURE Deletere 11 mtLe Bignature, typed or printed name of registeried agent and tills if registeried (NOTE: Registered Agent Section 607.0507, Fiorida Statutes. SIGNATURE Deletere 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Diffectores Sinter Address 10 Eletere 11 mtLe OFFICERS A	City & State	Country	28 Zip		_	itry		Trust Fund Contribution This corporation owes th		Added t Intangible	o Fees
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TLE PD Intel PD Intel PD Intel PD Intel Change Addit MAKE MORSE, IRWIN 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS IA CITY-ST-ZIP IA CITY-ST-ZIP IA CITY-ST-ZIP IA CITY-ST-ZIP IC Change Addit AME JOHNSTON, F.B. ZO DELETE 2.1 TITLE SD IC Change Addit TREET ADDRESS 10901 CARROLLWOOD DRIVE 2.3 STREET ADDRESS IOCION C Generative Generat	office or re agent. I a	to the provisions of Section	the State of Florida, St.	ich change was au	uthorized	ove-named	corporation pration's bo	submits this statement f ard of directors. I hereby	or the purpose accept the ap	of changing its pointment as reg	registered
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Y-ST-ZIP HENDERSONVILLE NC 44 CITY-ST-ZIP Lengen 2012 Change Addit LE D Intelement 51 TTLE D Intelement Change Addit ME JOHNSTON, F B 52 NAME Street ADDRESS 10901 CRROLLWOOD DR. 53 STREET ADDRESS OQO 1 Connormalize Dr. Decedes Connormaliconnormalize Dr. Decedes Connormalize Dr. <td>LE ME REET ADDRESS</td> <td>D Johnston, F B 10901 Crrollwood</td> <td></td> <td></td> <td>5.1 TT 5.2 NA 5.3 ST</td> <td>LE ME REET ADDRESS</td> <td>P Johnson 10931</td> <td>SH, F.S. CARACINISOD PR</td> <td>. D</td> <td></td> <td>Addition</td>	LE ME REET ADDRESS	D Johnston, F B 10901 Crrollwood			5.1 TT 5.2 NA 5.3 ST	LE ME REET ADDRESS	P Johnson 10931	SH, F.S. CARACINISOD PR	. D		Addition
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