

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mulford
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 5:06

DOCUMENT # **353506** (9)

THE MORRIS TRACT CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business	Mailing Address
2601 BISCAYNE BLVD PO DRAWER 370008 MIAMI FL 33137	2601 BISCAYNE BLVD PO DRAWER 370008 MIAMI FL 33137

3. Date Incorporated or Created	3a. Date of Last Report
10/08/1969	06/01/1994
4. FEI Number	Applied For
59-1298361	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Office of Management	2a. Mailing Address
21	26
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

TERRANCE V. CAIRNS
2601 BISCAYNE BLVD.
MIAMI FL 33137

10. Name and Address of Now Registered Agent

81. Name	
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: _____ (Typed on Agent's Report only - If registered agent and the filer are the same) _____ (Typed on Registered Agent Report only required when filer is not the agent)

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	GOLDSTEIN, MICHELLE
STREET ADDRESS	2601 BISCAYNE BLVD
CITY, ST, ZIP	MIAMI FL
TITLE	DP
NAME	MILLER, ROGER
STREET ADDRESS	2601 BISCAYNE BLVD.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. STREET ADDRESS	17. CITY, ST, ZIP	
18. TITLE	19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS	21. CITY, ST, ZIP	
22. TITLE	23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS	25. CITY, ST, ZIP	
26. TITLE	27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. STREET ADDRESS	29. CITY, ST, ZIP	
30. TITLE	31. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. STREET ADDRESS	33. CITY, ST, ZIP	
34. TITLE	35. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. STREET ADDRESS	37. CITY, ST, ZIP	
38. TITLE	39. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. STREET ADDRESS	41. CITY, ST, ZIP	
42. TITLE	43. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. STREET ADDRESS	45. CITY, ST, ZIP	
46. TITLE	47. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
48. STREET ADDRESS	49. CITY, ST, ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 in the city that I am an officer or director of the corporation on the date of filing or approval to create this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 and 13 of this report as an officer or director with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 305 516 0323