

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **353506** (9)

1. Corporation Name  
**THE MORRIS TRACT CORP.**



Principal Place of Business: **2601 BISCAYNE BLVD PO DRAWER 370308 MIAMI FL 33137**  
Mailing Address: **2601 BISCAYNE BLVD PO DRAWER 370308 MIAMI FL 33137**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **10/08/1969**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1298361**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **TERRANCE V. CAIRNS 2601 BISCAYNE BLVD. MIAMI FL 33137**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 (Signature, Title, Date) and Registered Agent Signature (Signature, Date) fields.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>STD</b>	NAME: <b>GOLDSTEIN, MICHELLE</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2601 BISCAYNE BLVD</b>		1.2 NAME:	
CITY-ST-ZIP: <b>MIAMI FL</b>		1.3 STREET ADDRESS:	
TITLE: <b>DP</b>	NAME: <b>MILLER, ROGER</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2601 BISCAYNE BLVD.</b>		2.2 NAME:	
CITY-ST-ZIP: <b>MIAMI FL</b>		2.3 STREET ADDRESS:	
TITLE:	NAME:	2.4 CITY-ST-ZIP:	
STREET ADDRESS:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP:		3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:		3.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:	NAME:	5.4 CITY-ST-ZIP:	
STREET ADDRESS:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP:		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Roger Miller**  
Date: **4/29/96** Day/Year/Date  
Day/Year/Date: **305 526-6333**

CR2E034 (12/95)