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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90023 016 ***150.00

าดดา	JMENT	# 1	7/2000
		π.4	/ 4いしん

1. Corporation Name

City & State

STEPHEN A. MORRIS, O.D., AND ASSOCIATES, P.A.

Country

ATKINSON, DINER, STONE, BLACK & MANKUTA

25

PLOUCHA, LAWRENCE M. ES

1946 TYLER STREET

HOLLYWOOD FL 33022

Principal Place of Business	Mailing Address		
8420 CORAL WAY MIAMI FL 33155	8420 CORAL WAY MIAMI FL 33155		
Principal Place of Business	2a. Mailing Address		

City & State 28

Zip Country 29 30 9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/03/1975 4. FEI Number 59-1583360

Trust Fund Contribution

Personal Property Tax.

\$8.75 Additional 5. Certifcate of Status Desired 6. Election Campaign Financing

Fee Required \$5:00 May Be Added to Fees

Applied For

Not Applicable

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

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

83

City

office or ragent. I a	egistered agent, or both, in the State of Florida. Such change was aut m familiar with, and accept the obligations of, Section 607.0505, Floric	horized by the corporate that th	oration's board of directors. I hereby acco	ept the appointment as registered		
SIGNATURE				-		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature r	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO O	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	MORRIS, STEPHEN A.	1.2 NAME		-		
STREET ADDRESS	8420 CORAL WAY	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		•		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS		· •		
CITY-\$T-ZIP		2. 4 CITY-ST-ZIP		\$ 100 miles		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME		3.2 NAME		 		
STREET ADDRESS		3.3 STREET ADDRESS	·	•		
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	.*	Change Addition		
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS	· ·	•		
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME		5.2 NAME	•			
STREET ADDRESS		5.3 STREET ADDRESS	•			
CITY-ST-ZIP		5.4 CITY+ ST-ZIP	•	· · ·		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
AME		6.2 NAME		· · · · · ·		
TREET ADDRESS		6.3 STREET ADDRESS				

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.