

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0051222

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90031 026 ***550.00

DOCUMENT # 486983

1. Corporation Name
 MORROW, GELMAN & NIELSON, P.A.



Principal Place of Business: 8966 SW 87TH CT, SUITE #1, MIAMI FL 33176
 Mailing Address: 8966 SW 87TH CT, SUITE #1, MIAMI FL 33176
 Country: US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1 Suite, Apt. #, etc. 2 City & State 3 Zip Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: 10/01/1975
 4. FEI Number: 59-1622545 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
 MORROW, STEPHEN E
 8966 SOUTHWEST 87TH CT., STE #1
 MIAMI FL 33176

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

1. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

2. OFFICERS AND DIRECTORS
 1.1 TITLE: PD MORROW, STEPHEN E
 1.2 NAME: MORROW, STEPHEN E
 1.3 STREET ADDRESS: 8966 SW 87TH COURT, MIAMI, FL 00000
 1.4 CITY-ST-ZIP: MIAMI, FL 00000
 2.1 TITLE: VD GELMAN, RICHARD
 2.2 NAME: GELMAN, RICHARD
 2.3 STREET ADDRESS: 8966 SW 87TH COURT, MIAMI, FL 00000
 2.4 CITY-ST-ZIP: MIAMI, FL 00000
 3.1 TITLE: TD NIELSON, DENNIS G
 3.2 NAME: NIELSON, DENNIS G
 3.3 STREET ADDRESS: 8966 SW 87TH COURT, MIAMI FL
 3.4 CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 4.1 TITLE: [] Change [] Addition
 4.2 NAME: [] Change [] Addition
 4.3 STREET ADDRESS: [] Change [] Addition
 4.4 CITY-ST-ZIP: [] Change [] Addition
 5.1 TITLE: [] Change [] Addition
 5.2 NAME: [] Change [] Addition
 5.3 STREET ADDRESS: [] Change [] Addition
 5.4 CITY-ST-ZIP: [] Change [] Addition
 6.1 TITLE: [] Change [] Addition
 6.2 NAME: [] Change [] Addition
 6.3 STREET ADDRESS: [] Change [] Addition
 6.4 CITY-ST-ZIP: [] Change [] Addition

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.

SIGNATURE: _____ DATE: 7/1/99. (305) 274-3236
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034 (5/99)