FILE NOW: FILING FEE AFTER MAY 1 IS $555.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 11 1997 8:00am
Secretary of State

DOCUMENT # **591875**   **(0)**

1. Corporation Name

PATRICK MORLEY, INC.

Principal Place of Business	Mailing Address
~~154 WILSHIRE BLVD~~ 198 WILSHIRE BLVD CASSELBERRY FL 32707 US	~~154 WILSHIRE BLVD~~ 198 WILSHIRE BLVD CASSELBERRY FL 32707-5352 US

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1978	**04/04/1996**

2. Principal Place of Business	2a. Mailing Address
21	26

Suite Apt # etc.	Suite, Apt. #, etc.
22	27

City & State	City & State
23	28

Zip	Country	Zip	Country
24	25	29	30

4. FEI Number
59-1866241
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORLEY PATRICK M. ~~154 WILSHIRE BLVD~~ 198 WILSHIRE BLVD CASSELBERRY FL 32707	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 _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **S** NAME **FEILER, BETTY A.** STREET ADDRESS **172 LAGO VISTA BLVD.** CITY-ST-ZIP **CASSELBERRY FL**		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **PTD** NAME **MORLEY, PATRICK M** STREET ADDRESS **198 WILSHIRE BLVD** CITY-ST-ZIP **CASSELBERRY FL**		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **AS** NAME **BOROUGHS, THOMAS** STREET ADDRESS ~~201 PINE #520~~ CITY-ST-ZIP **ORLANDO FL**		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS **'200 S. ORANGE AVE** 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: X _____ **Patrick M. Morley** ~~REQUIRED~~   **4-4-97**

SIGNATURE OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #