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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 600636

(5)

DR. JACK L. MORRIS, P.A.

Principal Place of Business

10

Mailing Address

FILED

Apr 25 1997 8:00am

Secretary of State

4330 W. BROW FT LAUDERDAI			. BROWARD BLVE DERDALE FL 3331									
							3.	Date Incorporated or Qualified 12/06/1968		te of Last R 29/1996	eport	
2. Principal Pi	lace of Business	2a. Mail	2a. Mailing Address				4.	FEI Number		<u> </u>	oplied For	
21		26						59-1227974			ot Applicable	
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75		
22		27									equired	
City & State	Ð	⊢¬ ΄	& State				- 1	Election Campaign Financing	<u></u>		May Be	
23	Country	28		Cou				Trust Fund Contribution			to Fees	
Zip	├ ──┐ ´	Zip		I	шу		В.	This corporation has liability to Florida Statutes	x intangible X Yes		. 199.032,	
24	25 9, Name and Address of Curre	29 nt Registered	Agent	30			10	Name and Address of New I				
MO	RRIS,JACK L				81	Name						
	D W BROWARD BLVD											
	NTATION FL 33317					82 Street Address (P.O. Box Number is Not Acceptable)						
FLA	MINION PL 33317					83						
					84	City			FL	85 Zip (Code	
11 Dureuset i	to the provisions of Sections 607.05	02 and 607 16	.09 Elevida Statu	itoe tha ab		remod cor	noration	n eubmite this statement for the		changing if	te registered	
office or re agent. I a	to the provisions of Soctions 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. S jations of, Sec	uch change was ction 607.0505, F	authorized Iorida Stati	d by utes	the corpora	ition's b	ooard of directors. I hereby acc	cept the appo	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered as	and and tile 4 app	mahin (NC)	II - Begislond	CAnor	nt signature requ	irea when	reinstalion)	DATE			
12.	OFFICERS AN			13.		in signato e rodo		ADDITIONS/CHANGES 10 OFF		DIRECTOR	3S IN 12	
TITLE	PD		☐ DELETE	1.1 Tit	LE	T				Change	Addition	
NAME	MORRIS, JACK L			1.2 NA	ME							
STREET ADDRESS	7421 SW 5TH ST.					ADDRESS						
CITY-ST-ZIP	PLANTATION FL			1.4 00							'	
TITLE	D		DELETE	2.1 TIT						☐ Change	☐ Addition	
NAME	MORRIS, HARRIET C			2.2 NA	ME							
STREET ADDRESS	7421 SW 5TH ST.			2 3 ST	REET	ADDRESS		•				
CITY-ST-ZIP	PLANTATION FL			2 4 CI								
TITLE	1		☐ DELETE	31 TIT						Change	Addition	
NAME	MORRIS, HARRIETC.			3.2 NA	ME	ł						
STREET ADDRESS	7421 SW 5TH ST.			3 3 ST	REET :	ADDRESS						
CITY-ST-ZIP	PLANTATION FL			3 4. 0	TY-S	IT-ZIP						
TITLE			DELETE	4 1 TiT						Change	Addition	
NAME				4 2 N	AME	1						
STREET ADDRESS				4.3 ST	RÉET.	ADDRESS						
CITY-ST-ZIP				4.4 CF	1Y - S1	1 - ZIP						
TITLE			☐ DELE1E	5.1 111						☐ Change	Addition	
NAME				5.2 NA	ME							
STREET ADDRESS				5.3 ST	REFT.	ADDRESS						
CITY-ST-ZIP				5.4 Cl	IY- \$1	T-71P						
TITLE			☐ DELETE	61 TIT						Change	Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 \$1	REET.	ADDRESS						
CITY-ST-ZIP				6.4 CI		1						
dd I de beeck	by certify that the information supplie	ed with this frii	ng does not qua	Life of the Albert			d in Se	ction 119.07(3)(i), Florida Statu	utes. I further	certify that	the	
informatio i am an o appears i	on indicated on this annual report of fficer or director of the corporation on Block 12 or Block 13 if changed	supplemental or the receiver or on an attac	annual report is or trustee empo hment with an ac	true and a wered to e ddress.	XOCH	irate and tha ute this repo	at my sig ort as re	gnature shall have the same le equired by Chapter 607, Florid	egal effect as a Statules; a	if made un ad that my r	der oath; tha name	