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

PROFIT CORPORATION ANNUAL REPORT

1999



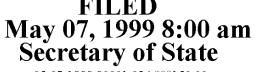
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED

05-07-1999 90001 024 ***150.00





DOCUMENT # 1. Corporation Name	600636
DR. JACK L. MORRIS	S, P.A.

Principal Place of Business

Mailing Address

4330 W. BROWARD BLVD.

4330 W. BROWARD BLVD.

FI LAUDENDALE FL 38317 FI LAUDENDALE F		16 33017	DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed			
			12/06/1968				
. Principal Place of Business 2a. Mailing Address		ress	4. FEI Number	Applied For			
	26		59-1227974	Not Applicable			
Apt. #, etc.	Suite, Apt. #	, etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Country	Zíp 29	Country 30	This corporation owes the current year Personal Property Tax.	Intangible			
		10. Name and Address of New Registered Agent					
MORRIS, JACK L 4330 W BROWARD BLVD PLANTATION FL 33317		81 Nam	е				
		82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)				
		83					
		84 City	F	85 Zip Code			
	Apt. #, etc. State Country 25 9. Name and Address of Country WORRIS, JACK L 1330 W BROWARD BLVD	Apt. #, etc. State Country 25 9. Name and Address of Current Registered Agent MORRIS, JACK L 1330 W BROWARD BLVD	2a. Mailing Address 2b. 2c. 2c.	DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 12/06/1968 4. FEI Number 59-1227974 Suite. Apt. #, etc. City & State City & State Country Zip Country Zip Country 23 9. Name and Address of Current Registered Agent MORRIS, JACK L 3330 W BROWARD BLVD PLANTATION FL 33317			

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: F	Registered Agent signature requires	d when reinstating) DATE			
12.	OFFICERS AND D	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE] Change	Addition	
NAME	MORRIS, JACK L		1.2 NAME				
STREET ADDRESS	7421 SW 5TH ST.		1.3 STREET ADDRESS			Addition	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY- ST- ZIP				
TITLE	D	☐ DELETE	2 1 TITLE] Change	☐ Addition	
NAME	MORRIS,HARRIET C		2.2 NAME				
STREET ADDRESS	7421 SW 5TH ST.		2.3 STREET ADDRESS			}	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP				
TITLE	T	☐ DELETE	3.1 TITLE] Change	☐ Addition	
NAME	MORRIS, HARRIETC.		3.2 NAME			}	
STREET ADDRESS	7421 SW 5TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		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	L	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	L] Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP			ولنسيد	
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 supplies that natural report is true and accurate and that my signature shall have the same fegal 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 op an attachment with an arrespondence.

SIGNATURE: