

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 829856

1. Corporation Name

NORMAN M. MORRIS CORPORATION

Principal Place of Business

% PARADISE & ALBERTS
630 THIRD AVENUE
NEW YORK NY 10017

Mailing Address

% PARADISE & ALBERTS
630 THIRD AVENUE
NEW YORK NY 10017



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1973

4. FEI Number

13-1544619

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

LEDERER, STEVEN, L. J., ESQ
2450 NORTHEAST MIAMI GARDENS DR
SUITE 100
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name **Vicki S. Jacobs**
82 Street Address (P.O. Box Number is Not Acceptable)
Roma Industries
83 **7150 114th Avenue North**
84 City **Largo** **FL** 85 Zip Code **33773**

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

Vicki S. Jacobs
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/99

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	LUBIN, ARLINE J	
STREET ADDRESS	6 CORPORATE PARK DRQ	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT E	
STREET ADDRESS	6 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUBIN, MARVIN	
STREET ADDRESS	6 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Robert E. Morris
Signature required

9/13/99

914 694-2000

CR2E034 (5/99)