## 4-95-97 B-5446 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400004121 (9)

MORRISON INFORMATION SERVICES LTD. INCORPORATED

Principal Plac 218-A E. EAU ( #36 INDIAN HARBO	BLVD	ι,	216 #30	Mailing Address 218-A E. EAU GALLIE BLVD. #36 INDIAN HARBOUR BEACH FL 32837-4874				<del>,</del>					
									3. Date Incorporated or Qualified 08/09/1994		ate of Las 18/1996		ort
2. Principal Place of Business				28. Mailing Address								Appli	ed For
21				26					51-0246580				pplicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.7		
City & State				City & State								Requ	
23				28					Election Campaign Financing     Trust Fund Contribution	П		<b>)0</b> Ma ed to F	,
Zip		Country	[20]	Zip	$\top$	Country		<del></del>	This corporation has liability for it				
24		25	29	-4	30	,				Yes		# S. IE	99.032,
-	9. Name	and Address of Cu		tered Agent	1901				10. Name and Address of New Re				
MOR	RISON JR	, FRANCIS				81	Na	amo					
1399 BANANA RIVER DRIVE						82	SI	reet Addre	ess (P.O. Box Number is Not Acceptab	le\			
#F135										,			
INDIAN HARBOUR BEACH FL 32937													
						84	Ci	tv			85 7	'ıp Coc	de
								•		FL	.   `	'	
11. Pursuant office or r	to the provis	sions of Sections 607. gent, or both, in the S	.0502 and 6 tate of Floric	07,1508, Florida Statu da, Such change was	utes, the s author	e above ized by	e-na / the	med corpo corporation	pration submits this statement for the pon's board of directors. I hereby accep	urpose o It the app	i changin pointment	g its reç	egistered gistered
1	ım famılıar w	ith, and accept the o	bligations of	I, Section 607.0505, F	Horida S	Statutes	S.						;
SIGNATURE	Signature, types	or printed name of registere	d agent and little	f applicable (NC	DIF Ficult	lered Agg	nt sic	malure require	d when reinstating)	DATE			
12.			AND DIREC			13.		,	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS I	N 12
TITLE	P			☐ DELE1E	1.	.1 111LE					Chanç	ge [	Addition
NAME MORRISON JR, FRANCIS							1.2 NAME						
STREET ADDRESS 1399 BANANA RIVER DR., #F1							1.3 STREET ADDRESS						
CITY-ST-ZIP INDIAN HARBOUR BEACH FL S			FL 32937	32937			1-20	·					
TITLE	VP			☐ DELETE	2.	:1 TOLE					Chang	je [	Addition
NAME		ON, RITA MARIE	45.00	A.P.									
STREET ADDRESS 1399 BANANA RIVER DR., #F1							ADD	RESS					
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 3							SI - Zil	P	· · · · · · · · · · · · · · · · · · ·		TTA		1 4
TITLE				☐ DELETE		1 1111					Chang	je L	Addition
NAME						2 NAME							
STREET ADDRESS						3 STREET							
CITY-ST-ZIP TITLE	<del></del> -			DELETE		.4. CITY - S .1 TOLE	51 - ZII	-			[ ] Chanc	т. Т	Addition
NAME				C percit		. 2 NAME					E CHAILE	jc ∟	Addition
l					- 1		V D D C	)(CCC					
STREET ADDRESS CITY-ST-ZIP						.3 STREET .4 CITY-S		<b>I</b>					
TITLE				DELETE		1 7/TUE	4 - 211	<del> </del>			Chang	je [	Addition
NAME				<del>-</del>	1	2 NAME					_ •		
STREET ADDRESS						3 STREET	ADDE	RESS					
CITY-ST-ZIP						4 CHY-S		<b>I</b>					
TITLE				DELETE	_	1 TITLE		1		***	Chang	ge [	Addition
NAME	,				6.	.2 NAM[		1					
STREET ADDRESS					6	.3 STREET	ADDR	RESS					
CITY-ST-ZIP					6	4 CITY - S	I - 7/F	,					

14. I do hereby certify that the information supplied with this filling 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: