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

DOCUMENT # **F9400004121**1. Corporation Name

MORRISON INFORMATION SERVICES LTD, INCORPORATED

Principal Place of Business			Mailing Address			. ((44,44,4,44,44,44,44,44,44,44,44,44,44,	ti Matti matti de	161 41441 11414	, icani cini cani
218-A E. EAU (GALLIE BLVD.	218	3-A E. EAU GALLIE BLVD			·			••
#36 INDIAN HARBOUR BEACH FL 32937 #36 INDIAN HARBOUR BEACH			1 22027		DO NOT WRIT	E IN THIS S	SPACE		
INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH			FL 32937		3. Date Incorporated or Qualifed				
						08/09/1994			
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number		Ar	oplied For
21		26				51-0246580		No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	
22		27				J. Collings of Calcus Scotte		Fee Re	equired
City & Stat	e		City & State			6. Election Campaign Financing	П		May Be
23	•	28				Trust Fund Contribution		Added	to Fees
Zip	Country	\vdash	Zip F	Country	•	8. This corporation owes the curre		ngible Yes	□No
24	25]	29		30		Personal Property Tax. 10. Name and Address of New R			<u></u>
	9. Name and Address of Currer	it Regis	tereo Agent	81	Name	ID. Name and Address of New N	ogistored F	gont	
MOE	RRISON JR., FRANCIS				L				
	BANANA RIVER DRIVE			82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		
#F1		٠.		83	 				
	AN HARBOUR BEACH FL 32937	`			·		_,	-	
				84	City		FL	85 Zip	Code
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Florid tions of	da, Such change was au , Section 607.0505, Flori	ithorized by ida Statutes	the corpo	corporation submits this statement for the ration's board of directors. I hereby acceptainties the reinstating (quired when reinstating)	t the appoin	tment as re	egistered
12.	OFFICERS AN			13.	, , , , , , , , , , , , , , , , , , , 	ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	ORS IN 12
TITLE	Ρ		☐ DELETE	1.1 TITLE	·			Change	Addition
NAME	MORRISON JR, FRANCIS			1.2 NAME					
STREET ADDRESS	1399 BANANA RIVER DR., #F	135		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL			1.4 CITY-S	IT-ZIP				
TITLE	VP		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	MORRISON, RITA MARIE			2.2 NAME					
STREET ADDRESS	1399 BANANA RIVER DR., #F	135		23 STREE					
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL			2.3 31114	T ADDRESS				
TITLE		<u>3293/</u>		2.4 CITY-	J				- <u>-</u> -
NAME		<u>3293/</u>	☐ DELETE	j	J			Change	Addition
STREET ADDRESS	,	<u>3293/</u>	_	2.4 CITY-	J			Change	Addition
		<u>3293/</u>	☐ DELETE	2.4 CITY- 3.1 TITLE 3.2 NAME	J			Change	Addition
'C/TY-ST-ZIP		3293/	چي د ۳۰۰	2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-	TADORESS			<u>-</u>	
'C/TY-ST-ZIP TITLE		32937	_	2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE	ST-ZIP T ADORESS ST-ZIP			☐ Change	Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: VALUE

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90047 001 ***150.00