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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G39571**

(6)

1. Corporation Name

MORROW MANAGEMENT, INC.

Principal Place of Business

**1431 MIDDLE RIVER DR
FT. LAUDERDALE FL 33304**

Mailing Address

**1431 MIDDLE RIVER DR
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21 708 SE 7th Street
State, Apt. #, etc.

26 708 SE 7th Street
State, Apt. #, etc.

22 City & State
23 Ft Lauderdale, FL

27 City & State
28 Ft Lauderdale, FL

24 Zip **33316** **25 Country** **USA**

29 Zip **33316** **30 Country** **USA**

9. Name and Address of Current Registered Agent

**PLAFSKY, ROBERT A
C/O KOPELOWITZ & PLAFSKY, P.A.
750 SE THIRD AVE., SUITE 100
FT. LAUDERDALE FL 33316**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(9) and 607.1506, 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 607.06(9), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Authorized Officer

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(k), 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 or person appointed to exercise the 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.

15. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE: **James A Morrow, President**

(954) 564-9500

CR2E034 (12/95)