Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90038 042 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **G73260**

MORRIS	USA AND OVERSEAS COR	P.								
Principal Pace	e of Business	Mailing Address				┤ ''	<b>55</b> 1111 <b>55</b> 11 1 <b>5615</b> 1111 <b>5</b> 11 <b>11 5</b> 1111 1	IAN ANAN A	i <b>g</b> ii <b>gib</b> ii bibli	ELEN GIBIN IBEN
400 AVENUE B MELBOURNE BO US		400 AVENUE B	400 AVENUE B MELBOURNE BCH FL 32951				DO NOT WRITE	IN THIS	SPACE	<del></del>
						1	corporated or Qualifed 5/1983			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI N	mber		A	of lied For	
21		26				<u>59-2</u>	513 <u>689</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo	ate of Status Desired [			A iditional equired
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees				· ·	
Zip	Cour try	Zip				I .	rporation owes the current al Property Tax.	year nt	angible Yes	I⊒No
24	9. Name and Address of Current	Registered Agent	[30]			<del></del>	and Address of New Reg	istere d		
	3, Name and Address of Outrem	Itogiotorea Again		81	Name					
	SKOPF, LOUIS B			82	Street Acdr	ess (P.O. Box	Number is Not Acceptable	<u></u>		
	AVE B BOURNE BCH FL 32951			83						
***************************************	500 m = 5011 1 = 5200 1				0.1				es Zio	Cide
				84	City			FL	85 Zip	C ide
office or re	to the provisions of Sections 607.0502 egistered agent, or bo h, in the State or m familiar with, and accept the obligation Stgnature, typed or printed no re of registered agent	of Florida. Such change was ions of, Section 607.0505, Fl	orida State	i by utes.	the corporation	on's poard or d	irectors. I hereby accept t	he appoi	ntment as re	eg stered
12.	OFFICERS AND		13.	rigon	K algitatore rose ros		NS/CHANGES TO OFFIC		ID DIRECT	OF:S IN 12
TITLE	D STITLE TO AIR	DELETE	1.1 TIT	īLE		, , , , , , , , , , , , , , , , , , , ,			Change	Addition
NAME	WILLIAMS, LANE MARI B		1.2 NA	1.2 NAME						1
STREET ADDRESS	400 AVENUE B		1.3 ST	3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		1.4 CF	1.4 CITY-ST-ZIP						
TITLE	D			2.1 TITLE					Change	Addition
NAME	STOSKOPF, LOUIS B	SKOPE LOUIS B		22 NAME						
STREET ADDRESS	400 AVENUE B		2.3 ST	REET	TADDRESS					
CITY-ST-ZIP	MELBOURNE BEACH FL 32951 2		2. 4 CI	2.4 CITY-ST-ZIP			·			
TITLE	D	☐ DELETE	3 1 TI1	n.E					Change	☐ Addition
NAME	KEECH, RICHARD		3 2 N							
STREET ADDRESS	100 1102 102 0		3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE BEACH FL 32951				ST-ZIP					
TITLE	PVTS	☐ DELETE	4.1 TITLE						Change	Addition
NAME	LANE, GARY B		4. 2 NAME							
STREET ADDRESS	400 AVE B			4.3 STREET ADDRESS						Ì
CITY-ST-ZIP			4 4 CI		T-ZIP				Chance	Addition
TITLE	DCEO	520		5.1 TITLE 5.2 NAME					☐ Change	☐ ₩OO(IIO)
NAME	LANE, GARY B		· ·							
STREET ADDRESS	ADDRESS 400 AVEITOE D				TADDRESS		<i>:</i>			
CITY-ST-ZIP	MILLEDOGINAL BOTT E 32331				T-ZIP				☐ Change	Addition
TITLE		☐ DELETE	6.1 TIT						Onlarige	
NAME			62 NA	WIC	ł					

14. 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 cortify 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 receiving 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS