

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G85892 (9)

1. Corporation Name
MORRIS ADVERTISING, INC.



Principal Place of Business C/O W. ALLEN MORRIS 1000 BRICKELL AVE. #1200 MIAMI FL 33131	Mailing Address C/O W. ALLEN MORRIS 1000 BRICKELL AVE. #1200 MIAMI FL 33131-3062
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3. Date Incorporated or Qualified 02/10/1984	3a. Date of Last Report 02/12/1996
4. FEI Number 59-2372671	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MORRIS, W. ALLEN
1000 BRICKELL AVE., #1200
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE CD	<input type="checkbox"/> DELETE
NAME MORRIS, W. ALLEN	
STREET ADDRESS 1000 BRICKELL AVE., #1200	
CITY - ST - ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MORRIS, L. ALLEN	
STREET ADDRESS 1000 BRICKELL AVE. #1200	
CITY - ST - ZIP MIAMI FL	
TITLE VSDT	<input type="checkbox"/> DELETE
NAME DAVIS, BILL G.	
STREET ADDRESS 1000 BRICKELL AVE., #300	
CITY - ST - ZIP MIAMI FL	
TITLE P	<input type="checkbox"/> DELETE
NAME WHITE, PAUL	
STREET ADDRESS 1000 BRICKELL AVE #1200	
CITY - ST - ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BELL, JAMES F JR	
STREET ADDRESS 1100 JOHNSON FERRY RD NE	
CITY - ST - ZIP ATLANTA GA	
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 do 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 or change of name on an attachment with an address.

SIGNATURE: *Bill G. Davis* 1-14-97 (305) 558-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)