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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J48626

1. Corporation Name  
A-R.W. MORGAN ASSOCIATES, INC.



Principal Place of Business: C/O ROBERT W. MORGAN, 965 E. ALTAMONTE DRIVE, ALTAMONTE SPRINGS FL 32701 US  
Mailing Address: C/O ROBERT W. MORGAN, P.O. BOX 150248, ALTAMONTE SPRINGS FL 32715-0248 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/18/1986

4. FEI Number: 59-2765559  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, ROBERT W  
303 PARTRIDGE LN  
LONGWOOD FL 32779

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 \_\_\_\_\_

Table with 6 rows for Officers and Directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. The first row is filled with: DP, MORGAN, ROBERT W., 270 CLEMONE AVE, LONGWOOD FL.

Table with 6 rows for Additions/Changes to Officers and Directors in 12. Each row includes Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: Robert W. Morgan **SIGNATURE REQUIRED** 1/24/99 407-331-7188  
Date Daytime Phone #

CR2E034 (11/98)