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PROFIT CORPORATION ANNUAL REPORT 1999

MORGENSTERN'S, INC.

DOCUMENT # J92046



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90013 033 ***150.00



	·				
rincipal Place of Business	Mailing Address				
63 SW 24TH TERRACE	2520 CORAL WAY	•			
AMI FL 33145	SUITE 2306		DO NOT WRITE IN	THIS SPACE	
)	Miami FL 33145 US	•	3. Date Incorporated or Qualifed		
			09/14/1987		
Principal Place of Business	2a. Mailing Address		4. FEI Number	Appl	lied For
Finicipal Flace of business	26		65-0015083		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>	\$8.75 Ad	
Suite, Apr. #, Bio.	27		5. Certificate of Status Desired	Fee Req	I
City & State	City & State		6. Election Campaign Financing	\$5.00 M	May Be
	28		Trust Fund Contribution	Added to	- 1
Zip Country	Zip	Country .	8. This corporation owes the current ye	ar Intangible	
25	29	30	Personal Property Tax.		⊒No]
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registe	ered Agent	
		81 Name			
CLAY, JUDY		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
15495 EAGLE NEST LN, SUITE		Sileet Auc	Cress (F.O. DOX 14dimber la 14di Addoptable)	the state of the second second	0 4 050 4 5655
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MIAMI LAKES FL 33014			- 1 - 1 - 2 - 1 - 2 - 1 - 2 - 2 - 2 - 2		11 6421 5431
		84 City		FL 85 Zip Co	ode
1. Pursuant to the provisions of Sections 60	7.0502 and 607.1508. Florida Statute	es, the above-named cor	rporation submits this statement for the purpo	se of changing its re	egistered
office or registered agent, or both, in the 5	State of Florida. Such change was at	uthorized by the corporat	tion's board of directors. I hereby accept the	appointment as regi	stered
agent. I am familiar with, and accept the c	oninamons of section bur vava. Flui				I
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IGNATURE			red when reinstating) DA	TE ·	
IGNATURE Signature, typed or printed name of registers		: Registered Agent signature required:	red when reinstating) DA ADDITIONS/CHANGES TO OFFICER		S IN 12
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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 13 or Block 13 if changed; or on an attachment with an address, with all other like empowered.