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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K12059

C. MORRIS AND ASSOCIATES, INC.

(7)

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							1 40 0 10 10 1 10 0 0 10 10 10 10 10 10 10			i ii 1414 ii 164
•										
2135 NE 198 TERR MIAMI FL 33179			MIAMI FL 33163							
us		US			_	DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifie	o		
9 Principal P	lace of Business	2a. Mailing Add	legen				01/15/1988 FEI Number			Applied For
	idob Or Dusingss	1 1	<u>`</u>			",				Not Applicable
Suite, Apt.	#. elc.		26				65-0034724			Additional
22 27						5.	Certificate of Status Desired	LJ	•	Required
City & State City & State				·			Election Campaign Financing	. 	\$5.0	O May Be
23		28	28				Trust Fund Contribution			d to Fees
Zip Country		Zip	Zip Country		8.	This corporation owes or has	paid the cu	irrent year l	Intangible	
24	25	29	30				Personal Property Tax due Ju		Yes Yes	□ No
	9. Name and Address of	Current Registered Agent		81			Name and Address of New	Registered	Agent	
HAUSMAN, HARRY M.					Nan	ne				
235 N. UNIVERSITY DR				82 Street Address (P.O. Box Number is Not Accept			table)			
PEMBROKE PINES FL 33024				62						
				83						
1				84	City	,			85 Zij	p Code
## Durayani	to the provision of Continue C	07 DL02 and C07 1509 Flo	ido Ctatutas II	bo obour		and corporatio	on submits this statement for the	FL	al shanaina	ito registered
office or r	egistered agent, or both, in the	e State of Florida, Such cha	nge was autho	orized by	the c	corporation's b	board of directors. I hereby acc	cept the ap	pointment a	as registered
agent. La	m familiar with, and accept the	e obligations of, Section 60	7.0505, Horida	Statutes						
SIGNATURE	Signature, typed or printed hance of region	lens) amont and bile if applicable	(NO11 Ren	nistured Age	nt siona	alum required when	n reinstatino)	DATE		;
12.		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF		ID DIRECTO	ORS IN 12
TITLE	P		PELETE	1.1 TITLE					Change	Addition
NAME	MORRIS, CARY			1.2 NAMÉ						
STREET ADDRESS			1.3 STREFT ADDRESS		SS					
CITY-ST-ZIP	MIAMI FL			1.4 C(1Y - S)	F-Z(P					
TITLE	VS		DELETE	2.1 TITLE					☐ Change	Addition
NAME	Morris, Lauren			2.2 NAME						
STREET ADDRESS	2135 NE 198 TERR			2.3 STREET	ADDRES	ss				
CITY-ST-ZIP	MIAMI FL			2. 4 CITY - S	T- 21F					
TITLE		[_]	DETELE	3.1 TITLE					☐ Change	: L Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRES	SS				
CITY-ST-ZIP				3.4. CITY - S	T - 7H					
TITLE		اليا		4.1 TITLE					L Change	: Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET		SS				
CITY-S1-ZIP		· · · · · · · · · · · · · · · · · · ·		4.4 CITY - ST 5.1 TITLE	I - ZIP				Change	Addition
TITLE		الحما							□ Change	, Madition
NAME OFFICE				5.2 NAME	ADDUED	00				
STREET ADDRESS				5.3 STREET		99				
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·		5.4 CITY - ST 6.1 TITLE	1 - ZIP			··	Change	Addition
NAME		البا		6.2 NAME					or any	
STREET ADDRESS				63 STREET	Annere	99				
				6.4 CITY-ST		00				
CITY-ST-ZIP	and the state of t	مر ممملع مرش منال النبر العمار	Le velile for the	6.4 UILY-SI		tated in Castis	on 110 07/9/i) Elorida Statutos	I further o	aviif. that th	a information

report or supplicance tal annual report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in larged, or on an attachment with an address.