FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K27300** **(8)**

1. Corporation Name

MORRISON ASSOCIATES MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
902 CLINT MOORE SUITE 100 BOCA RATON FL 33487	902 CLINT MOORE SUITE 100 BOCA RATON FL 33487

3. Date Incorporated or Qualified: **06/29/1988**
3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0060567** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 243 N.E. 5th Ave.	26 243 N.E. 5th Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Delray Beach FL	28 City & State: Delray Beach, FL
24 Zip: 33444 25 Country: U.S.A	29 Zip: 33444 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

MORRISON, R. SCOTT, JR
~~902 CLINT MOORE RD~~ 243 N.E. 5th Ave.
~~SUITE 100~~
~~BOCA RATON FL 33487~~ Delray Beach, FL 33444

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, R. SCOTT, JR.		1.2 NAME		
STREET ADDRESS	#9 DRIFTWOOD LANDING		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF STRAM FL		1.4 CITY-ST-ZIP		
TITLE	PST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	MORRISON JR., R. SCOTT		2.2 NAME		
STREET ADDRESS	~~1900 CORPORATE BLVD NW~~		2.3 STREET ADDRESS	243 NE. 5th Ave.	
CITY-ST-ZIP	~~BOCA RATON FL~~		2.4 CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed or added to the report with an address.

SIGNATURE: _____ 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #