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 # **K47843** **(3)**

1. Corporation Name
THOMAS J. MORGAN, P.A.

Principal Place of Business
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139
US

Mailing Address
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139
US

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 04/18/1995

4. FEI Number: 65-0078092 — 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
21 2900 Bridgeport Ave
Suite, Apt. #, etc.
22 Coconut Grove
City & State
23 Fla
Zip 24 33133 Country 25

2a. Mailing Address
26 2900 Bridgeport Ave
Suite, Apt. #, etc.
27 Coconut Grove
City & State
28 Fla
Zip 29 33133 Country 30

9. Name and Address of Current Registered Agent
MORGAN, THOMAS J.
999 WASHINGTON AVE.
MIAMI BEACH FL

10. Name and Address of New Registered Agent
81 Name: Thomas J. Morgan
82 Street Address (P.O. Box Number is Not Acceptable): 2900 Bridgeport Ave
83 Coconut Grove Fla
84 City: 33133 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: [signature] (Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MORGAN, THOMAS J.	
STREET ADDRESS	999 WASHINGTON AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	2900 Bridgeport Ave	
14 CITY-ST-ZIP	Coconut Grove Fla, 33133	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	900001751588	☐ Change ☐ Addition
52 NAME	-03/20/96--01099--017	
53 STREET ADDRESS	***200.00	
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

7N 3-20

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)(k), 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.

305 569 9900

SIGNATURE: [signature] Thomas J. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)