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 #

K52681

(9)

FILED Mar 19 1998 8:00am Secretary of State

MORGAN HOMES, INC. Principal Place of Business Mailing Address 6601 LYONS ROAD 3214 NE 27 TERR LIGHTHOUSE POINT FL 33063 DO NOT WRITE IN THIS SPACE **COCONUT CREEK FL 33073** 3. Date Incorporated or Qualified 12/20/1988 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For Not Applicable BRIY NE Terrace 26 65-0088702 Suite, Apt. #, etc. \$8.75 Additional \square 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 30 Yes Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 MORGAN, JAMES M. 6601 LYONS ROAD 82 STE D-1 83 **COCONUT CREEK FL 33073** 11. Pursuant to the province office or registered age agent. I am familiar with ns of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered t, 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE MOTRGAN, JAMES M. NAME 1.2 NAME 3214 NE 27 TERR STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE FL 33063 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIF

14. Thereby 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 supplimental of itual 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 region of 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 changes, or of an attachment with an address.

SIGNATURE:

2/26/88 954 1020