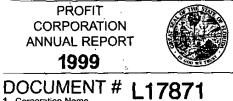
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FULVIA A. MORRIS, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90131 006 ***158.75



Principal Place	e of Business	Mailing A	aaress							
3211 PONCE DE LEON BLVD. 3211 PONCE DE LEON BLVD.) .						
STE. 210		STE. 210				DO NOT WRITE IN THIS SPACE				
CORAL GABLES FL 33134-7274			CORAL GABLES FL 33134-7274							
US		US				3. Date Incorporated or Qualifed				
						09/21/1989		,	Van-tiert Fee	
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For	
<u></u>			26			65-0151332	 -		lot Applicable	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			5. Certifcate of Status Desired	X	•	Additional Required	
22	<u> </u>	27								
City & State		City &	City & State			6. Election Campaign Financing			3 Мау Ве	
23	28					Trust Fund Contribution			to Fees	
Zip	Country Zip		Counti	У	8. This corporation owes the curre	ent year Inta		Maria.		
24	25	29		30		Personal Property Tax.		∐ Yes	XNo_	
	9. Name and Address of Curre	nt Registered A	Agent		4T	10. Name and Address of New R	egistered A	gent		
1405	ODIO CIRLAR A			8	1 Name					
MORRIS, FULVIA A					2 Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	PONCE DE LEON BLVD.	•	•							
STE. 210				8	3					
COR	VAL GABLES FL 33134-7274				4 City			85 Zíp	Code	
				8	4 City		FL	03 -15	0000	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicab	 _	Registered Ag	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OF	DATE ICERS AND	DIRECT	ORS IN 12	
		ND DIRECTOR	DELETE	1.1 TITLE		ADDITIONS/OFFATOES TO OFF	TOLITO ATT	Change		
TITLE	DPS Morris, fulvia a			1.2 NAME	Į.			·	_	
NAME	ANAL BONIOE DE LEGNI BLUM	OTE 210		1	ET ADDRESS					
STREET ADDRESS				ſ	{					
CITY-ST-ZIP	CORAL GABLES FL 33134-72	/4	DELETE	1.4 CITY- 2.1 TITLE				Change	Addition	
TITLE			C bereie	4	1				,	
NAME	•			2.2 NAME						
STREET ADDRESS	a mediencia				ET ADDRESS				· · · ·	
CITY-ST-ZIP			C) priete	2. 4 CITY				☐ Change	e [] Addition	
TITLE			☐ DELETE	3.1 TITLE				CT Augusta		
NAME				3.2 NAME)					
STREET ADDRESS	•			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP				3.4. CITY					F= x335:	
TITLE	, , , , , , , , , , , , , , , , , , , ,		☐ DELETE	4.1 TITLE				Change	e 🔲 Addition	
NAME		`		4, 2 NAM	E					
STREET ADDRESS				4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	<u> </u>			4.4 CITY	ST-ZIP					
TITLE			DELETE	5,1 TITLE				Change	Addition	
NAME				5.2 NAMI	:					
STREET ADDRESS				5.3 STRE	ET ADDRESS					
CITY-ST-ZIP				5.4 CITY	ST-ZIP					
TITLE	1		DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME	<u> </u>					
STREET ADDRESS				6.3 STRE	ET ADDRESS					
STREET ADDRESS	} ·			64 CITY						

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)

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