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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L43971

(5)

1. Corporation Name

JAMES E. MORGAN III, P.A.

Principal Place of Business

% JAMES E. MORGAN III  
4000 SOUTHEAST FINANCIAL CENTER  
MIAMI FL 33131-2398

Mailing Address

% JAMES E. MORGAN III  
4000 SOUTHEAST FINANCIAL CENTER  
MIAMI FL 33131

3. Date Incorporated or Qualified  
01/17/1990

3a. Date of Last Report  
01/29/1996

4. FEI Number  
65-0169998

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

21 200 South Biscayne Blvd.  
Suite, Apt. #, etc.

22 Suite 4000

City & State

23 Miami, Florida

Zip

24 33131

Country

2a. Mailing Address

26 200 South Biscayne Blvd.  
Suite, Apt. #, etc.

27 Suite 4000

City & State

28 Miami, Florida

Zip

29 33131

Country

30

9. Name and Address of Current Registered Agent

MORGAN, JAMES E., III  
4000 S.E. FINANCIAL CENTER  
200 S BISCAYNE BLVD  
MIAMI FL 33131-2398

10. Name and Address of New Registered Agent

81 Name

MORGAN, JAMES E., III

82 Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Blvd.

83

Suite 4000

84 City

Miami,

FL

85 Zip Code

33131

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

*James E. Morgan III* PRESIDENT

4/14/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPS MORGAN, JAMES E., III  
4000 S.E. FINANCIAL CTR.  
MIAMI FL ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T MORGAN, JAMES E., III  
4000 S.E. FINANCIAL CTR.  
MIAMI FL ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

DPS MORGAN, JAMES E., III  
200 SOUTH BISCAYNE BLVD., SUITE 4000  
MIAMI, FLORIDA 33131

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

T MORGAN, JAMES E., III  
200 SOUTH BISCAYNE BLVD., SUITE 4000  
MIAMI, FLORIDA 33131

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE

*James E. Morgan III*

James E. Morgan, III

4/14/97

305-577-2875

CR2E034 (9/96)