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 # L76389

(0)

M.G. MORRIS ENTERPRISES, INC.

FILED Apr 22 1998 8:00am Secretary of State

RR 41 BOX 14 18462 SOUTHWEST 88TH PLACE OCHOPEE FL 33943 US 2. Principal Place of Business US 2. Principal Place of Business 3. Date Incorporated or Qualified 05/29/1990 4. FEI Number Applied For Not Applicable Suite, Apt #, etc Suite, Apt #, etc 2. Principal Place of Status Desired 3. Date Incorporated or Qualified 05/29/1990 5. Certificate of Status Desired Fee Required City & State City & State 3. Date Incorporated or Qualified 05/29/1990 5. Certificate of Status Desired Fee Required Fee Required City & State S. Election Campaign Financing Added to Fees Trust Fund Contribution Added to Fees Country Country Country Country Country S. This corporation owes or has paid the current year Intangible	ļ								
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Second Principal Place of Business 2a Mailing Address 4 FEI Number Applicable of Second Principal Place of Business 2a Mailing Address 4 FEI Number Applicable of Second Principal Place of Business Applicable of Second Principal Prin		L 33543							
2. Mailing Address 2e. Mailing Address 65-0202626 Not Applicable 22 2e 27 Suito, Apt #, etc. 23 Suito, Apt #, etc. 24 27 State 25 27 County 8. Election Campaign Financing S5.00 May Be Added to Fees 26 70 County 8. This corporation owes or has paid the current year Intargible 27 County 8. This corporation owes or has paid the current year Intargible 28 70 County 8. This corporation owes or has paid the current year Intargible 29 30 Prosonal Property Tax due Junior 30 S. Name and Address of Current Registered Agent 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 33 Sample of Current Registered Agent 34 City FL 85 Zip Code 35 Street Address (P.O. Box Number is Not Acceptable) 36 Street Address (P.O. Box Number is Not Acceptable) 37 Street Address (P.O. Box Number is Not Acceptable) 38 Street Address (P.O. Box Number is Not Acceptable) 39 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 30 Street Address (P.O. Box Number is Not Acceptable) 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 33 Street Address (P.O. Box Number is Not Acceptable) 34 City FL 85 Zip Code 35 Street Address (P.O. Box Number is Not Acceptable) 36 Street Address (P.O. Box Number is Not Acceptable) 37 Street Address (P.O. Box Number is Not Acceptable) 38 Street Address (P.O. Box Number is Not Acceptable) 39 Street Address (P.O. Box Number is Not Acceptable) 31 Street Address (P.O. Box Number is Not Acceptable) 31 Street Address (P.O. Box Number is Not Acceptable) 32 Street Address (P.O. Box Number is Not Acceptable) 34 City FL Street Address (P.O. Box Number is Not Acceptable) 35 Street Address (P.O. B			• •			· · · · · · · · · · · · · · · · · · ·		1	
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City & State 28			F1 ' ' '		5. Certificate of Status Desired				
28						·····	·		
Zip Country Zip Country Signature by Signatu	├ ── '		- 						
25 29 30 Personal Property Tax due June 30. Yes No		Country							
GUST, RITA M 2701 E SUNRISE BLVD STE 301 FT LAUDERDALE FL 33304 81 City FL 85 City FL 86 City FL 8	24	25 29 30		30					
2701 E SUNRISE BLVD STE 301 FT LAUDERDALE FL 33304 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City			nt Registered Agent			10. Name and Address of New Registered	Agent		
### City ### Laurent to the provisions of Sections 607.05.02 and 607 15.08. Florida Statutos, 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, and faculty the obligations of, Section 607.05.05. Florida Statutes. SIGNATURE Signature lignate registered agent and accept the obligations of, Section 607.05.05. Florida Statutes. SIGNATURE Signature lignate registered agent agent and facult inspire able. (NOTE Propietered Agent agentary required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 ITHE PST MORRIS, MARK G. 12 NAME SIREET ADDRESS CITY-ST-ZIP OCHOPEE FL 14 CITY-ST-ZIP DELETE 11 CITY-ST-ZIP DELETE 12 TITLE D Change Addition MORRIS, MARK G. RR 41 BOX 14 OCHOPEE FL 14 CITY-ST-ZIP DELETE 13 TITLE DELETE 31 TITLE CHange Addition Addition MAME Addition Addition MAME 32 NAME				81	Name				
### City #### City #### City #### City #### City #### City ##### City ####################################				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
### City #### City #### City #### City #### City ##### City ####################################	•	LAUDERDALE FL 33304		83					
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: hybrid or perfect frame of registered niged and title displayed after [NOTE Registered Agent signature required when reinstating)				63					
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature benefit required agent and the diagnost and the diagnost agent in the diagnost required agent signature required when reinstating) DATE 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PST MORRIS, MARK G. SIRRET ADDRESS CITY-S1-2IP OCHOPEE FL 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. Change Addition DELETE 15. THE Change Addition MORRIS, MARK G. 27. NAME SIRRET ADDRESS CITY-S1-2IP OCHOPEE FL D DELETE 14. CITY-S1-2IP OCHOPEE FL 16. Change Addition MORRIS, MARK G. 27. NAME SIRRET ADDRESS CITY-S1-7IP OCHOPEE FL DELETE 31. THE Change Addition Addition AMME AMME CHANGE CHANGE Addition Change Addition				84	City	Ei	85 Zip Co	ode	
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City-St-7iP 6.4 City-St-7iP 6.4 City-St-7iP 6.4 City-St-7iP 16. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes. I further certify that the information		postifu that the unforced to a second	Set at the distance of the set of			140.02/01/3 Ft			

of this annual report or supplied will be an information in exemption stated in section 119.07(3)(1), Florida Statutes. Further certify that the information indicated on this annual report or supplicing that port 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 aptachumnt with an address.

SIGNATURE: