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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

MORGAL Principal Place 1400 PRUDENT STE 6 JACKSONVILLE	N & PARTNERS, INC.	Mailing Address 1400 PRUDENTIAL DR SI STE 6 JACKSONVILLE FL 32207-			
US		US		I	Date of Last Report 6/27/1996
2. Principa! F 21	lace of Business	2a. Mailing Address	·	4. FEI Number	Applied For
Suite, Apt. #, etc		26 Suite, Apt. #, etc.		59-3027743	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Statc 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Z _I p	Country	8. This corporation has liability for intangi	
24	25	29	30	Florida Statutes Yes	☐ No
	9, Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
	IGAN, MICHAEL D PRUDENTIAL DRIVE, SUITE 4			dress (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32207				udiess (F.O., Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
office or a agent. La SIGNATURE				rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
12.	Signaturi, typed or printed name of registered ag OFFICERS AN	ND DIRECTORS	TE. Registered Agent signature requirements.	ADDITIONS/CHANGES TO OFFICERS A	
THUE	D	DELETE	11 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAM:	MORGAN, MICHAEL D.		12 NAME		
STREET ADORESS	149 WATER OAK DRIVE		1.3 STREET ADDRESS		
CITY SLZP	PONTE VEDRA BCH FL	DELETE	14 CITY-ST-ZIP		1 10
NAME	D Morgan, Carol	F"1 DETELE	21 TITLE 22 NAME		☐ Change ☐ Addition
STREET ADORESS	149 WATER OAK DRIVE		2.2 NAME 2.3 STREET ADDRESS		
CDY-SU-ZIP	PONTE VEDRA BCH FL		2.4 City-St-ZiP		
1:11.6		☐ DELETE	31 TITLE	11.11.11.11.11.11.11.11.11.11.11.11.11.	Change Addition
NAME			3.2 NAME	:	
STREET ADORESS			3.3 STREET ADDRESS		
CDY-ST-Z# TOLE	1174/4111111111111111111111111111111111	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		F-1 PECCIE	4. 2 NAME		E CHRINGE E MOUITION
STREET ADDRESS			4.3 STREET ADDRESS		
(31 Y - S1 - 20F			4.4 CITY - ST - ZIP		
THE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STEFFT ADJAESS			5.3 STREET ADDRESS		
OTY-ST ZIP THEF	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE	DELETE	5.4 CITY - ST - ZIP		Channe Dades
NAME		F" DECEME	6.1 TITLE 6.2 NAME		Change Addition
STEEL ALORESS			6.3 STREET ADDRESS		
(P.Y. ST. ZIP			6.4 CITY - ST- ZIP		
	by certify that the information supplie	ed with this filing does not qual		ed in Section 119.07(3)(i), Florida Statutes. I furt	her certify that the

information indicated on fris 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:

FILED

May 23 1997 8:00am

Secretary of State