

**ANNUAL REPORT  
1994**



Jim Eering  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 5:12

SECRETARY OF STATE  
ALLIANCE CENTER

DO NOT WRITE IN THIS SPACE

1. Corporation Name <b>MORLIN PROFESSIONAL CARPENTRY, INC.</b>		<b>DOCUMENT # M18285 (0)</b>	
Mailing Address <b>1251 N.W. 179TH ST. MIAMI FL 33169</b>		Principal Place of Business <b>1251 N.W. 179TH ST. MIAMI FL 33169</b>	

2. Mailing Address 21		2a. Principal Place of Business 26		3. Date Incorporated or Qualified <b>07/22/1985</b>		3a. Date of Last Report <b>05/01/1993</b>	
22		27		4. FEI Number <b>50-2569392</b>		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LINDO, KENNETH 1251 N.W. 179TH ST. MIAMI FL 33169</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 attest the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0503 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	LINDO, KENNETH 1251 N.W. 179TH ST. MIAMI FL		11 TITLE	400001521294 -06/23/95--01006--007 ***200.00 ***200.00		
NAME	D	MORGAN, ALBERT 2500 HIGHLAND AVE. KISSIMMEE FL		21 TITLE			
STREET ADDRESS				22 NAME			
CITY-STATE-ZIP				23 STREET ADDRESS			
				24 CITY-STATE-ZIP			
				31 TITLE			
				32 NAME			
				33 STREET ADDRESS			
				34 CITY-STATE-ZIP			
				41 TITLE			
				42 NAME			
				43 STREET ADDRESS			
				44 CITY-STATE-ZIP			
				51 TITLE			
				52 NAME			
				53 STREET ADDRESS			
				54 CITY-STATE-ZIP			
				61 TITLE			
				62 NAME			
				63 STREET ADDRESS			
				64 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I release the Corporation from any liability for non-compliance with Section 119.07(3)(h) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee of the corporation and I am familiar with the information supplied in Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE: Kenneth Lindo **KENNETH LINDO 4-23-94 305-620-900**

X Kenneth Lindo 5/25/95