

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

FILED
May 28 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 # M70441
 1. Corporation Name
Morris Chartering Company

Principal Place of Business
David P. Morris
1/6 Bud + Marys Marina
1 Mile Marker 79.8
Islamorada Fl. 33036

Mailing Address
DAVID P MORRIS
P.O. Box 734
Islamorada Fl.
33036

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date incorporated or Qualified **3/03/88** 3a. Date of Last Report **2-26-96**

4. FEI Number **65-0066549** 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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Irving Morris
100 Sunrise Ave, #203E
Palm Beach Fl. 33480.

10. Name and Address of New Registered Agent
 81 Name **DAVID P. MORRIS**
 82 Street Address (P.O. Box Number is Not Acceptable) **143 Oceanview Dr.**
 83
 84 City **Tavernier** FL 85 Zip Code **33070**

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: **IRVING MORRIS** *Irving Morris* DATE: **5-22-97**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT-TREASURER <input type="checkbox"/> DELETE
NAME	DAVID P. MORRIS
STREET ADDRESS	143 OCEANVIEW DR.
CITY-ST-ZIP	TAVERNIER FLORIDA 33070
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	MOLLY MORRIS
STREET ADDRESS	143 OCEANVIEW DR.
CITY-ST-ZIP	TAVERNIER, FLORIDA 33070
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****558.75**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, unchanged, or on an attachment with an address.

SIGNATURE: *David P. Morris* DATE: **4/08/97** TELEPHONE: **305-853-5243**

CR2E034 (9/96)