FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001765

1. Corporation Name
I. J. MORRIS OF FLORIDA, INC.

Principal Place of Business
1832A NORTH WEST 29TH ST,
OAKLAND PARK, FL 33311
US

Mailing Address
TAX DEPT. 9TH FLOOR #2934
1929 ALLEN PARKWAY
HOUSTON, TX 77019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 6/24/94

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

4. FEI Number: 65-0379645 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR, PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	J. DANIEL GARRISON	12 NAME	
STREET ADDRESS	4500 HUGH HOWELL RD, SUITE 740	13 STREET ADDRESS	
CITY-ST-ZIP	TUCKER, GA 30084	14 CITY-ST-ZIP	
TITLE	DIRECTOR, VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	EARNEST E. POYNTER	22 NAME	400001540074
STREET ADDRESS	4400 NORTH FEDERAL HWY, # 300	23 STREET ADDRESS	-07/18/95--01075--023
CITY-ST-ZIP	BOCA RATON, FL 33431	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	DIRECTOR, SECRETARY, TREASURER	31 TITLE	☐ Change ☐ Addition
NAME	JOAN B. GOFF	32 NAME	
STREET ADDRESS	1929 ALLEN PARKWAY	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	34 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	41 TITLE	☐ Change ☐ Addition
NAME	FRANK BANGO	42 NAME	
STREET ADDRESS	8350 N.W. 52ND TERRACE, SUITE 200	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(k), 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: Joan B. Goff 7/7/95 713/522-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOAN B. GOFF