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Mar 05 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 # P93000036375 (2)

1. Corporation Name:  
MORGAN DESIGN ASSOCIATES, INC.



Principal Place of Business  
1801 S.W. 7TH AVE.  
POMPANO BEACH FL 33060

Mailing Address  
1801 S.W. 7TH AVE.  
POMPANO BEACH FL 33060-9027

3. Date Incorporated or Qualified 05/20/1993  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business  
21 1900 NW 33<sup>rd</sup> Court  
Suite, Apt. #, etc.  
22 #1  
City & State  
23 Pompano Beach FL  
Zip  
24 33064  
Country  
25 Broward  
26 1900 NW 33<sup>rd</sup> Court  
Suite, Apt. #, etc.  
27 #1  
City & State  
28 Pompano Beach FL  
Zip  
29 33064  
Country  
30 Broward

4. FEI Number 65-0412580  
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

SAMBELL, KAREN  
2549 N.E. 28TH AVE.  
FORT LAUDERDALE FL 33305

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

Signature type for printed name of registered agent and for if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SAMBELL, GARRY S.  
STREET ADDRESS 2549 NE 28 AVE.  
CITY - ST - ZIP FORT LAUDERDALE FL 33305  
☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE  
TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

(954) 943-9551

CR2E034 (9/96)