SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90004 014 \*\*\*550.00

407-658-0737

**DOCUMENT #** P94000007633 ROBERT W. MORGAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 7217 EAST COLONIAL DRIVE 7217 EAST COLONIAL DRIVE STE. 111 STE. 111 DO NOT WRITE IN THIS SPACE ORLANDO FL 32807 ORLANDO FL 32807 3. Date Incorporated or Qualified 01/21/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3228738 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country This corporation owes the current year Yes 24 30 Intangible Personal Property. 25 9.-Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORGAN, ROBERT W 82 Street Address (P.O. Box Number is Not Acceptable) 7217 EAST COLONIAL DRIVE STE. 111 83 ORLANDO FL 32807 84 City Zip Code 85 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 a tripactor the obligations of, section 607.0505, Florida Statutes.

NATURE SIGNATURE \_ agent and title if appl (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE NAME MORGAN, ROBERT W 1.2 NAME 7217 EAST COLONIAL DRIVE STE. 111 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change DELETE Addition MORGAN, PRISCILLA S NAME 22 NAME 7217 EAST COLONIAL DRIVE STE. 111 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition MORGAN, ALAN W. NAME 3.2 NAME STREET ADDRESS 7217 E. COLONIAL DRIVE, SUITE 111 3.3 STREET ADDRESS ORLANDO FL 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE Change Addition DELETE MORGAN, WILLIAM R NAME 4.2 NAME 7217 E. COLONIAL DR. SUITE 111 STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE \_\_ DELETE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an artist adment with an address.