


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

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May 02 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 # P94000046412 (0)					
1. Corporation Name R. P. MORRISSEY, INC.					
Principal Place of Business 11402 N.E. 8TH COURT, #4 NORTH MIAMI FL 33181			Mailing Address 11402 N.E. 8TH COURT, #4 NORTH MIAMI FL 33181-8335		
2. Principal Place of Business 21 904 WREN ROAD Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE FL Zip 24 32216 Country 25 DUVAL		2a. Mailing Address 26 904 WREN ROAD Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32216 Country 30 DUVAL		3. Date Incorporated or Qualified 06/17/1994 3a. Date of Last Report 05/01/1996 4. FEI Number 65-0496970 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MORRISSEY, ROBIN 11402 N.E. 8TH COURT, #4 NORTH MIAMI FL 33181			10. Name and Address of New Registered Agent 81 Name MORRISSEY, ROBIN 82 Street Address (P.O. Box Number is not acceptable) 904 WREN ROAD 83 FL 84 City JACKSONVILLE 85 Zip Code 32216		
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: ROBIN P. MORRISSEY <i>[Signature]</i> 4.25.97 Signature, typed or printed name of registered agent and title, if applicable (None: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME MORRISSEY, ROBIN STREET ADDRESS 11402 N.E. 8TH COURT, #4 CITY-ST-ZIP NORTH MIAMI FL 33181 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MORRISSEY, ROBIN 1.3 STREET ADDRESS 904 WREN RD 1.4 CITY-ST-ZIP JAX FL, 32216 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address. SIGNATURE: ROBIN P. MORRISSEY <i>[Signature]</i> 4.25.97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904.705.787					

CR2E034 (9/96)