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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077548 (3)

MICHAEL P. MORGAN & ASSOCIATES, INC.

## **FILED** May 07 1998 8:00am Secretary of State

|--|--|

Dringing Diagonal Duning		** ''* * * * * * * * * * * * * * * * *					
Principal Place of Busine	155	Mailing Address		***************************************			
5483 BEAUJOLIS-LANE 5483 BEAUJOLIS LANE							
FT. MYERS FL 33919		FT. MYERS FL 33919 US		DO NOT WE	RITE IN THIS SPACE		
•		00		3. Date Incorporated or Qualifie			
				10/21/1994			
2. Principal Place of Bus		2a. Mailing Address		4. FEI Number	Applied For		
21 5483 Beau	Jolais Lane	26 5483 Beaus	olais Lar	e 65-0551623	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		\$0.7E		
22		27		5. Certificate of Status Desired	Fee Regulred		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year Intangible		
24	25	29 3	o]	Personal Property Tax due Ji			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
MORGAN, M	ICHAEL P		81 Name				
5483 <b>BEAUX</b>	OLIS TANE		82 Street A	ddress (P.O. Box Number is Not Accep	otable)		
FT. MYERS F	L 33138		54	83 Reau Jolais	Lane		
			83				
			24 0				
			84 City		FL 85 Zip Code		
11. Pursuant to the provi	sions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named o	porporation submits this statement for the	ne purpose of changing its registered		
office or registered a agent. I am familiar v	gent, or both, in the State of with, and accept the obligation	l Florida. Such change was aut ons of. Section 607.0505. Florid	horized by the corporate Statutes	corporation submits this statement for the praction's board of directors. I hereby according to the control of	cept the appointment as registered		
					4/20/00		
Signature, type	od or printed name of registered agents	and this it applicable (NOTE, F	legistered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12		
TITLE PCEO		☐ DELETE	1.1 TITLE		Change ☐ Addition		
	AN, MICHAEL P		1.2 NAME		<u>.</u>		
	EAVJOLAIS [N		1.3 STREET ADDRESS	5483 Beautolai	s Lane		
CITY-ST-ZIP FT MYE	ers fl		1.4 CITY-ST-ZIP	·			
TITLE		DELETE	2.1 TITLE		Change Addition		
NAME			2.2 NAME				
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TALE		Change Addition		
NAME			3.2 NAME		. •		
STREET ADORESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADORESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TOTLE		DELETE	5.1 TITLE		Change Addition		
HAME			5.2 NAME		Car straige Car receipted		
STREET ADDRESS			5.3 STREET ADDRESS		İ		
CITY-ST-ZIP							
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition		
NAME		D percit			C change C Addition		
STREET ADDRESS			6.2 NAME				
			6.3 STREET ADDRESS				
CITY-ST-ZIP	and the second s	A. C. W. C.	6.4 CITY-ST-ZIP				

r nereby 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:

4/28/80

(941)422-1810