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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUMENT # P9500018818 (1) MORGAN AND MORGAN OF SOUTH FLORIDA, INC. | | | | | | |
|--|---|--|---------------------------------------|------------------------------|--|---|
| | | | | | | |
| Principal Place of Business 4360 NORTHLAKE BLVD SUITE 205 PALM BEACH GARDENS FL 33410 | | Mailing Address 4360 NORTHLAKE BLVD SUITE 205 PALM BEACH GARDENS FL 33410 | | | | |
| | | | | | | 2 5 1 1 5 |
| 21 | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Firancing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z ₁ p 24 | Country 25 | Zip 29 | Country 30 | / | This corporation has liability for Florida Statutes | r intangime tax under s. 199 032, |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address of New | |
| SUITE 2 PALM BI | EACH GARDENS FL 33410 | 02 and 607 1608 Florida Stat | 83 | City | Iress (P.O. Box Number is Not Accepta | FL 85 Zip Code |
| familiar wit | th, and accept the obligations of, Se | ection 607,0505 Florida Statute | ites, the above rized by the corples. | named corpo oration's boa | ration submits this statement for the pr and of directors. Thereby accept the app | irpose of changing its registered office pointment as registered agent. I am |
| 12. | Signature hypothoripricised name of registeration OFFICE QCIA | | Note: Bujstered Age | ! sogna! inclusion | | [le]£ |
| TITLE | OFFICERS AND DIRECTORS DEFINE DEFINE | | 13. | | ADDITIONS CHANGES TO OF | FIGERS AND DIRECTORS IN 12 |
| NAME | MORGAN, KATHLEEN C | | 1 2 NAME | | | 🔲 Change 📒 Addition |
| STREET ADDRESS | TREET ADDRESS 4360 NORTHLAKE BLVD, SUITE 205 | | 1.3 STREET | ADDRESS | | |
| CITY-ST-ZIP PALM BEACH GARDENS FL 3 | | . 33410 | 1.4 CITY-SI-ZIP | | | |
| TITLE | | DELETE | 2 1 Tille | | - W | ☐ Change ☐ Addition |
| NAME SERSEL ASPRESS | | | 2.2 NAME | | | - <u>-</u> |
| STREET ADDRESS | | | 23 STREET | 1 | | |
| CITY - ST - ZIP TITLE | | ☐ DFLETE | 24 C'IY-S' | 1 Z·P | | |
| NAME | i de la companya de | | 3 1 7:1([| | | Change Addition |
| STREET ADDRESS | | | 3 2 NAME 3 3 STREET | 4500cop | | |
| CITY-ST-ZIP | | | 3.3 STREET | | | |
| TITLE | | DELETE | 4 1 11 TLE | 1-41 | | Change Addition |
| NAMÉ | | | 4.2 NAME | | | Orlangs Rudonon |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | |
| CITY-ST-ZIP TITLE | | | 4.4 CITY - ST | -216 | | |
| I | | DELETE | 5 1 TITLE | | | Change Addition |
| MT/AE STREET ADDRESS | | | 5.2 NAME | | | |
| CITY-ST-ZIP | | | 53 STREET | 1 | | |
| TITLE | | DELETE | 5.4 CITY - ST | · ZIP | | |
| NAME | | □ Dtff iF | 6 1 7111.6 | | | Change Addition |
| STREET ADDRESS | | | 6.2 NAME | 1000 cc | | 1 |
| CITY-ST-ZIP | | | 63 STREET A | | | |

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 12 if changing or on an attrument with an address

SIGNATURE:

SIGNATURE

Only the Printed NAME OF SIGNING OFFICER OR DIRECTOR

Only the Printed NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)