

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

PROFESSIONAL
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # P95000018818 (1)

1. Corporation Name

MORGAN AND MORGAN OF SOUTH FLORIDA, INC.

2. Principal Place of Business

4360 NORTHLAKE BLVD
SUITE 205
PALM BEACH GARDENS FL 33410

3. Mailing Address

4360 NORTHLAKE BLVD
SUITE 205
PALM BEACH GARDENS FL 33410-6265

2. Principal Place of Business

21. State, Zip, & City

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Zip, & City

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

MARTIN E. WASHOFSKY, E.A., P.A.
4360 NORTHLAKE BLVD
SUITE 205
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified
03/06/1995

3a. Date of Last Report
08/07/1996

4. FFI Number
65-0559980

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

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 607.007(2) and 607.150(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. The change of registered agent is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the corporation. I understand that I am subject to the provisions of Section 607.009, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

12.	NAME	DELETE
1	PD MORGAN, KATHLEEN C 4360 NORTHLAKE BLVD, SUITE 205 PALM BEACH GARDENS FL 33410	☐
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	NAME	DELETE	Change	Addition
1	11 NAME	☐	☐	☐
2	12 NAME	☐	☐	☐
3	13 STREET ADDRESS	☐	☐	☐
4	14 CITY, ST, ZIP	☐	☐	☐
5	21 NAME	☐	☐	☐
6	22 NAME	☐	☐	☐
7	23 STREET ADDRESS	☐	☐	☐
8	24 CITY, ST, ZIP	☐	☐	☐
9	31 NAME	☐	☐	☐
10	32 NAME	☐	☐	☐
11	33 STREET ADDRESS	☐	☐	☐
12	34 CITY, ST, ZIP	☐	☐	☐
13	41 NAME	☐	☐	☐
14	42 NAME	☐	☐	☐
15	43 STREET ADDRESS	☐	☐	☐
16	44 CITY, ST, ZIP	☐	☐	☐
17	51 NAME	☐	☐	☐
18	52 NAME	☐	☐	☐
19	53 STREET ADDRESS	☐	☐	☐
20	54 CITY, ST, ZIP	☐	☐	☐
21	61 NAME	☐	☐	☐
22	62 NAME	☐	☐	☐
23	63 STREET ADDRESS	☐	☐	☐
24	64 CITY, ST, ZIP	☐	☐	☐

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information furnished on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I understand the provisions of the corporation's charter, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the corporation's books as a shareholder or as an officer or director.

SIGNATURE:

Kathleen C. Morgan

KATHLEEN C. MORGAN 2/28/97

521
694-2400

SIGNATURE AND TITLE OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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