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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000028109 (3)

FILED Feb 27 1998 8:00am Secretary of State

MORRI	S INVESTMENTS INC.	•				(111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 1
Principal Place of Business Mailing Address					a inderindt ind rhint dreit natit antit marti marti	418 B1 18 (81 416 II 80 IIA 1861 IBA1
15643 SW 16TH COURT 15643 SW 16TH COURT PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified 04/10/1995	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	doy of Eddings	26			65-0657603	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
— Žip	Country	Zip	Countr	У	8. This corporation owes or has paid the o	
24	[25]	29	30		Personal Property Tax due June 30.	Yes No
МС	9. Name and Address of Current	t Hagistered Agent	81	Name	10. Name and Address of New Registere	a Agent
	Orris, Ronnie 643 SW 16TH Court			IVallie		
PEMBROKE PINES FL 33027			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
FE	MIDHORE PINES PL 33021		63	ļ		
			84	City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Statu	tes, the abov	e-named cor		
office or re	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was	authorized b	y the corpore	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
•	m lamiliar with, and accept the obliga	nions ar, section 607.0505, re	onga statute	S.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E Registered Ap	ent signature requ	uired when reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	CEO	☐ DELE TE	1.1 TITLE			Change Addition
NAME	MORRIS, RONNIE		1.2 NAME			
STREET ADDRESS	15643 S.W. 16TH AVENUE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-	ST - ZIP		Observe I Addition
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-1	51-ZIP		Change Addition
NAME			5.1 MILE			C. Olseide C. Vetriniti
STREET ADDRESS			5.3 STREE	ADDRESS		
				· · ·		
TITLE		☐ DELETE	5.4 CITY - 5 6.1 TITLE	11-¢IL		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-5		•	
		· · · · · · · · · · · · · · · · · · ·			·	

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 suppliemental 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.

12-18-97

954.435-1117

CR2E034 (10/97)