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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P95000034847 (0)

MORRIS FINANCE COMPANY, INC.

FILED Apr 22 1997 8:00am Secretary of State



Principal Dis	ce of Business			ailing Address	· · · · · · · · · · · · · · · · · · ·							
11035 N.W. MIAMI FL 33	27TH AVE		P.	O. BOX 52-1895 HAMI FL 33152-1895								
								3. Date incorporated or Qualified 04/28/1995		ate of La /23/19		port
	Place of Busine	ess	<u> </u>	Mailing Address				4. FEI Number				olied For
Suite, Ap	H oto		26	Suite, Apt. #, etc.				65-0602627		60		Applicable dditional
22	,		27	Conto Apr. III Oto.				6. Certificate of Status Desired	A		e Rec	
City & Sti	ite		28	City & State		******		Election Campaign Financing Trust Fund Contribution				May Be Fees
Zφ		Country		Zip	Cou	untry		8. This corporation has liability for			der s.	199.032,
24		25	29	tand Agent	30			Florida Statutes 10. Name and Address of New Re	Yes			
	HESNEY, BRU	and Address of Cu	itteiit veõis	itered Agent	-	81	Name	10. Name and Address of New Ne	distated.	Agent		
11	035 N.W. 27	TH AVE				82	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)	<u> </u>		
M	AMI FL 33163					B3						
						84	City		FL.	85	Zip C	ode
11. Pursuar	t to the provision	ons of Sections 607	.0502 and 6	07.1508, Florida Stat	utes, the a	bove	-named corp	poration submits this statement for the	UKDOSA O	f chang	ing its	registered
agent.∃	am tamiliar wit	n, and accept the c	obligations o	r. Section 607.0505, i	Florida Sta	tutes	S.	tion's board of directors. I hereby acce				
SIGNATURE	Stgrature, typed t	or printed han e of registers				ed Age	nt signature requi	red when reinstating)	DATE) DIDEC	TOPS	: IN 12
SIGNATURE	Signature, lyped o		ed agent and title S AND DIREC		OTE: Registere 13.		int signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC		
SIGNATURE 12. THE	P CHESNE	OFFICERS 7, BRUCE A		CTORS	13.	ITLE	nt signature requi					
SIGNATURE 12. TITLE NAVE	P CHESNE' 11035 N.	OFFICERS 7, BRUCE A W. 27TH AVE		CTORS	13. 1.1 TI 1.2 N	itle Iame	int signature requirements					
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Importance 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 or lam 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 is chapter 607, and that my name with an address.