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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000043400 (7)

MORRISON'S SERVICE INC.

## **FILED** May 08 1997 8:00am Secretary of State



Principal Plac	e of Business		Mailing Address				Ę.				
12480 S.W. 190TH ST. MIAMI 33177			12480 S.W. 190TH ST. Miami 33177-3831								
							3. Date Incorporated or Qualified 06/06/1995		te of Le 05/19		ort
2. Principal f	Place of Business	[ 2	a. Mailing Address				4. FEI Number	<u> </u>		Appli	ed For
1		20	6				65-0589115			Not A	pplicable
Suite, Apt	#, elc	21	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Add e Requ	
City & Stat	C	21	City & State				Election Campaign Financing     Trust Fund Contribution			00 M	
Zip 24	Country 25	21	Zip 9	Co.	untry	<del></del>	8. This corporation has liability for in Florida Statutes		tax und	ler s. 1	99.032,
iniged	9. Name and Addres	s of Current Reg	glatered Agent				10. Name and Address of New Re		<b>Agent</b>		
MO	RRISON, ROBERT H				81	Name					
12480 S.W. 190TH STREET MIAMI FL 33177				82		Street Add	Address (P.O. Box Number is Not Acceptable)				
••••					83	<del></del>	·				
					84	City		FL	85	Zip Co	de
agent La	am tamiliar with, and accep	pt the obligations	s of Section 607.0505, I	Florida Sta	tutes	<b>;</b> .	ation's board of directors. I hereby accept				
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							PATE	····		
SIGNATURE	Signature typid or purced harne of	· · · · · · · · · · · · · · · · · · ·	file if applicable (No	KOTE: Registere	ed Age		ided when reinstaling)	DATE EDC AND	DIREC	TOPS	INI 12
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<b>12.</b> Tift	OF	FICERS AND DIF	file if applicable (No	KOTE: Registere  13.	ed Age		ided when reinstaling)		DIREC Chai		
12. THE MAME	D MORRISON, JUDITH	FICERS AND DIF	fide if applicable (N	OTE: Registere 13. 1.1 T	ed Age	nt signature requ	ided when reinstaling)		_		
12. THEF HAME STREET ADJURESS	OF D Morrison, Judith 12480 S.W. 190TH	FICERS AND DIF	fide if applicable (N	OTE: Registere  13. 1.1 T  1.2 N  1.3 S	ed Age	nt signature requi	ided when reinstaling)		_		
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12. THE NAME STREET ADDRESS CHT-ST-7IP	OF D MORRISON, JUDITH 12480 S.W. 190TH S MIAMI FL 33177	FICE HS AND DIF I A ST.	ille if appt cable (N RECTORS DELETE	XTE: Registere 13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T	HITLE VAME STREET	nt signature requi	ided when reinstaling)		Cha	nge [	Addition
12. THE NAME SINGEL ADDRESS CHO-ST-70P	D MORRISON, JUDITH 12480 S.W. 190TH S MIAMI FL 33177 D	FICERS AND DIF I A ST. AS A	ille if appt cable (N RECTORS DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M	HTLE VAME STREET CITY-S	nt signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	ERS AND	Cha	nge [	Addition
12. INTE NAME SIRRELLADURESS CHT-ST-ZIP THLE NAME	D MORRISON, JUDITH 12480 S.W. 190TH S MIAMI FL 33177 D INGRAM N, DOUGL	FICERS AND DIF I A ST. AS A	ille if appt cable (N RECTORS DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	HTLE VAME STREET CITY-S	ADDRESS T-ZIP ADDRESS	ided when reinstaling)		Cha	nge [	Addition
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Information and cated 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 off oer 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. 生和制制的

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

0240963