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PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045417

LESLIE L. MORGAN, PH.D. & ASSOCIATES, P.A.

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•	e of Business	Mailing Address								
1509 JOSEPHIN	NE ST	13 KEY HAVEN TERRACE								
STE 1 KEY WEST FL 3 KEY WEST FL 33040 US		KEY WEST FL 33040				DO NOT WRITE IN THIS SPACE				
US US			9			3. Date Incorporate				
00						06/12/1995	od or digitalica			
0 D 1 1 D		2a. Mailing Address				4. FEI Number			· .	pplied For
— ·	Place of Business	⊢ , *				65-0597361				lot Applicable
21		Suite, Apt. #, etc.		•		. 00 0087301				Additional
Suite, Apt.	. #, etc.	— · · · ·				5. Certifcate of Sta	itus Desired	\Box		Required
22		City & State				 				
City & Stat	te ·	— ´				6. Election Campa	-			May Be I to Fees
23		28	Cour	****		Trust Fund Con				to rees
Zip	Country	Zip	\neg	iu y		8. This corporation		rent year II	ntangible Yes	□No
24	25	1771	30			Personal Proper		Damietara		
	9. Name and Address of Current			81	Name	IU. Name and Add	ress of New	registered	u Agent	
MOE	RGAN, LESLIE L		İ	٠'	Name		,			
	9 JOSEPHINE ST		ļ	82	Street Addre	ess (P.O. Box Number	is Not Accept	able)		
STE			ļ				2	10, 15, 1c	701010	#4 142 1737 194 1
	WEST FL 33040			83						
NEI	WEST FL 33040		ŀ	84	City			12 - 22	85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the at	ove-	-named corpo	oration submits this sta	tement for the	purpose o	of changing it	s registered
office or a	registered agent, or both, in the State (am familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	itnorizea ida Statu	by u ites.	ле согрогано	in s poard of directors.	Thereby acce	hr me app	Omment as i	egistered
CICNIATURE					i.					·
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered /	Agent :	•	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent		Registered a	Agent	•	I when reinstating) ADDITIONS/CHA	NGES TO OF			
	Signature, typed or printed name of registered agent				•		NGES TO OF		AND DIRECT	
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.	LE	•		NGES TO OF			
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD MORGAN, LESLIE L	D DIRECTORS	13. 1.1 TITI 1.2 NA	LE ME	•		NGES TO OF			
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PD MORGAN, LESLIE L 1509 JOSEPHINE ST, STE 1	D DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STI	LE ME	signature required		NGES TO OF			
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CITY-ST-ZIP. 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADORESS

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90015 023 ***150.00