

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049768 (1)

1. Corporation Name

MICHAEL A. MORRIS, P.A.



Principal Place of Business

1450 S BAYSHORE DR
#804
MIAMI FL 33131

Mailing Address

1450 S BAYSHORE DR
#804
MIAMI FL 33131

2. Principal Place of Business

21 3235 S.W. Lejeune Rd

2a. Mailing Address

26 3235 S.W. Lejeune Rd, 65-0607664

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 CORAL GABLES, FL

28 CORAL GABLES, FL

Zip

County

Zip

County

24 33134

25 DADE

29 33134

30 DADE

9. Name and Address of Current Registered Agent

MORRIS, MICHAEL A
1450 S BAYSHORE DR
#804
MIAMI FL 33131

3. Date Incorporated or Qualified
06/26/1995

3a. Date of Last Report
NONE

4. FEI Number

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

MICHAEL A. MORRIS, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

3235 S.W. Lejeune Road

83

84 City

CORAL GABLES, FL

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

5-1-95

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MORRIS, MICHAEL A
STREET ADDRESS 1450 S BAYSHORE DR #804
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D MORRIS, MICHAEL A.

3235 S.W. Lejeune Road
CORAL GABLES, FL 33134

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-96 (305)461-2650

CR2E034 (12/95)