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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000075529	(4)
1. Corporation Name:	F30000010023	(7)

MORRIS	ON & MORRISON ENTERP	RISES, INC.					
Principa' Place	e of Busin eas	Mailing Address	***************************************				
1344 WEST YAI ORLANDO FL 3		1344 WEST YALE STREET ORLANDO FL 32904-5637					
					3. Date Incorporated or Qualified 10/02/1995	3a. Date of L 05/01/19	•
2. Principal F	ace of Business	2a. Mailing Address			4. FEI Number 59-334 72	264	Applied For
<u>:1</u>		26	·		APPLIED FOR		Not Applicat
Suite, Apt		Suite, Apt #, etc			5. Certificate of Status Desired		.75 Additional ee Required
City & State	Di companya di	City & State			6. Election Campaign Financing		5.00 May Be
3 Zip	Country	28 Zip	Country		Trust Fund Contribution		dded to Fees
4]	25	t e	30	'	8. This corporation has liability for in Florida Statutes	itangible tax un Yes []] No	.Def \$ 199.032,
<u></u>	9. Name and Address of Currer		1001		10. Name and Address of New Reg		
WFR	T, THOMAS P		81	Name			
	SOUTH ORANGE AVENUE		82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
	E 1600						
	ANDO FL 32801		83				
			84	City		85	Zip Code
				j	coration submits this statement for the pution's board of directors. I hereby accept	FL	
12.	ng	D DIRECTORS	13.	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		
T THE	D	DELETE	1.1 TITLE			L.J Ch	iange 🔲 Additi
NAME	MORRISON, DOUGLAS R		1.2 NAME				
STREET ADDRESS	1344 WEST YALE STREET ORLANDO FL 32804		1.3 STREET	ł			
OHY SI-ZE TIN:	D	☐ DELETE	2.1 TITLE	51- ZIF		☐ Ch	ange Additi
NAME	MORRISON, BARBARA R		2.2 NAME	(
STEEL: APORESS	1344 WEST YALE STREET		2.3 STREE	ADDRESS			
OTY 51-20	ORLANDO FL 32804		2. 4 CITY -	ST-ZIP			
FILE		DELETE	3.1 THTLE			☐ Ch	nange 🔲 Additi
NAM)			3.2 NAME				
STHEET ADOPES!			3.3 STREE	1			
DITY SE 70P		DELETE	3.4 CITY-	ST-ZIP		☐ Ch	nange 🔲 Addıti
TITLE NAME (E office	4.1 IIIEF 4.2 NAME			L.J UII	ange [_] Auditi
STREET ADDRESS			4.2 NAME	Anness			
Gily-SI-Zif			4.4 CITY-5				
2017.221.20 1-111		DELETE	5 1 TITLE	27 20		Ch	iange 🔲 Additi
NAMI J			5.2 NAME				
STHEE ATIDHES!-			5 3 STREE	ADDRESS			
CITY ST YES			5.4 CITY-5	ST-ZIP			
HIT:F		[_] DELETE	6 1 TITLE			LJ Ch	nange L. Additi
NAME			6.2 NAME				
STREET ADDRESS [63 STREET				
(alf-St 7#]	ne contife that the information country	of with this films close not austi	6.4 CITY - 5		Lin Section 119 07/39/0 Florida Stabiles	I further codifi	u that the
informatio Lam an o	in and patied on this arraual report or s	supplemental annual report is to the receiver or trustee empow	rue and accivered to exec	urate and that	I in Section 119 07(3)(i), Florida Statutes my signature shall have the same legal it as required by Chapter 607, Florida Sti	effect as if mad	de under oat I my name

SIGNATURE:

NATURE AND TYPER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUGLAS R. MORRISON

3/16/97

FILED

Mar 25 1997 8:00am

Secretary of State

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