

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 22 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000000782 (8)
 1. Corporation Name
ROBERT R. MORRIS, P.A.



Principal Place of Business 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411	Mailing Address 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 685 Royal Palm Bch Blvd.	2a. Mailing Address 27 685 Royal Palm Bch Blvd
Suite, Apt., #, etc. 22 SUITE 205	Suite, Apt., #, etc. 27 SUITE 205
City & State 23 ROYAL PALM BCH, FL	City & State 28 ROYAL PALM BEACH FL
Zip 24 33411	Country 25 PALM BEACH
Country 29 PALM BEACH	Zip 30 33411

3. Date Incorporated or Qualified 01/03/1996	3a. Date of Last Report FIRST REPORT
4. FEI Number 65-0633416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MORRIS, ROBERT R
 590 ROYAL PALM BEACH BLVD.
 ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name ROBERT R. MORRIS
82 Street Address (P.O. Box Number is Not Acceptable) 685 ROYAL PALM BEACH BLVD
83 SUITE 205
84 City ROYAL PALM BEACH FL
85 Zip Code 33411

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 *Robert R. Morris* DATE **7-17-97**
Signature, type or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PSTD	<input type="checkbox"/> DELETE
NAME MORRIS, ROBERT R	
STREET ADDRESS 590 ROYAL PALM BEACH BLVD.	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 685 ROYAL PALM BCH BLVD, SUITE 205	
1.4 CITY-ST-ZIP ROYAL PALM BCH FL 33411	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)