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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCHMENT #

FILED May 01 1998 8:00am Secretary of State

ANDER	ISON & MORRIS, INC.	Mailing Address			
1381 PALM AVENUE PEMBROKE PINES FL 33026		1381 PALM AVENUE PEMBROKE PINES FL 33026			
				DO NOT WRITE IN THI	S SPACE
<u> </u>		_		 Date Incorporated or Qualified 09/18/1996 	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0696834	Not Applicable
22		27 Suite, Apr. #, Bic.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
110	9. Name and Address of Curro	ent Registered Agent	81 Name	10. Name and Address of New Registers	Agent
MORRIS, ALEXANDER JR 3220 SW 1 ST					
MAIMI FL 33135			82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
MAMI FL 33133			83		
			64 City	F	L 85 Zip Code
SIGNATURE	aliperty hour	1 Dixectos	utes, the above-named or authorized by the corpo- lorida Statutes. The Registered Agent signature records.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
12.	Signalyre, lyped or provide name of registered a OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	ANDERSON, RONALD J		1.2 NAME		
STREET ADDRESS	3220 SOUTHWEST 1ST STI	REET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135-1113		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition
NAME	MORRIS, ALEXANDER W JF 3220 SOUTHWEST 1ST STI		2.2 NAME		
STREET ADDRESS	MIAMI FL 33135-1113	AEE I	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MINNII I C 00 100 1 1 10	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		- December	3.2 NAME		El cumilla El vacitoti
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST- 2IP		
TITUE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T nei ere	5.4 CITY-ST-2IP		Channa Addition
TIFLE		☐ DELETE	6.1 TITLE		Change Addition
NAME CONTROL	·		6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS]
14. I hereby c	ertify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplied with this find does not equally for the exemptor stated in Section 113.07(3)), Florida Statutes. Florida Cathy 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.