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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000077599**1. Corporation Name

ANDERSON & MORRIS, INC.

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90041 002 \*\*\*150.00

Principal Place of Business Mailing Address						f 182(188) 119 (2119 S)111 \$5111 #4	##117 ##111 []		
1381 PALM AVENUE 1381 PALM AVENUE									
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026						DO NOT WRITE IN THIS SPACE			
1	•				ļ		E IN THIS	JEAGE	
						3. Date Incorporated or Qualifed			
<b>6</b> 5 · · · · · · · · · · · · · · · · · ·		20 Mailine Addana				09/18/1996 4. FEI Number			plied For
2. Principal Place of Business _ 2a. Mailing Address			.*			4. FEI Number 65-0696834		· · · · · · · · · · · · · · · · · · ·	t Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						00-0030004		\$8.75 A	
<u> </u>	<b>⊢</b>	uite, Apr. #, etc.			<ol><li>Certificate of Status Desired</li></ol>		Fee Re		
22						C. El-Mar Carraige Figureins		\$5.00	<del></del>
	=	<del>}</del>	28			6. Election Campaign Financing Trust Fund Contribution		Added to	
23     28       Zip     Zip   Zip     Zip     Zip     Zip     Zip     Zip			Country			8. This corporation owes the curre	ent vear Into		*****
24	25 29 30			,		Personal Property Tax.	sin your mic		Mo
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
	,			81 N	Name Ma				
Morris, Alexander Jr				Journ's Alexander at					
3220 SW 1 ST				82 S	Street Addres	s (P.O. Box Number is Not Accepta	.ue)		
MAIMI FL 33135					1.00				
								1 1 - 4	
				84 0	M MRA1	44 A T	FI	85 Zip C	Code
11 Dursupet i	to the provisions of Sections 607.050	12 and 607 1508 Florida Statute	es the al	hove-na	amod corner	ation cubmite this statement for the	purpose of	changing its	registered
office or re	egistered agent or both in the State.	of Florida, Such change was at	uthorized	bv the	corporation	s board of directors. I hereby accep	t the appoin	ıtment as reç	gistered
agent. I ar	m familiar with, and accept the obliga			ites.			4	1/8/19	9
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									7
12.		ND DIRECTORS	13.		<b>9</b>	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TI	rle	P	RESIDENT		Change	☐ Addition
NAME	ANDERSON, RONALD J		1.2 N	ME	AM	163 SW 11Th ST		•.•	
STREET ADDRESS	3220 SOUTHWEST 1ST STREE	ET	1.3 ST	REET AD	DRESS 7	A.D. A.			
CITY+ST-ZIP	MIAMI FL 33135-1113		1.4 CI	TY-ST-Zi	iP Pe <b>M</b>	Broke lines per.			1
TITLE	VSD	☐ DELETE	2.1 TT	TLE			T-	Change	☐ Addition
NAME I	MORRIS, ALEXANDER W JR.		2.2 NA	ME	No	Tris Alexander W. o swigg Terrace	•	•	
STREET ADDRESS	3220 SOUTHWEST 1ST STREE	ET * * ** **	2381	REET AD	DRESS DE	amer Pr.	•		•
CITY-ST-ZIP	MIAMI FL 33135-1113		2.4 C	ITY-ST-Z	up /	13025			
TITLE		DELETE	3.1 TI		D.	ITECTOR ITALE, L. HELEN 963 SW 11Th STREET Broke PINU, FL 33029		Change	Addition
NAME			3.2 NA	ME	الم تعبير	MIALE, L. M.	-		-
STREET ADDRESS			3.3 ST	REET AD	DRESS 17	963 SWITH STREAT			
CITY-ST-ZIP	•		3.4. C	ITY-ST-Z	IP Pen	Broke PINU, AL 33029			
TITLE		☐ DELETE	4.1 Π					Change	Addition
NAME			4.2 N	AME	İ				ļ
STREET ADDRESS			4.3 ST	REET AD	DRESS				1
CITY-ST-ZIP				TY-ST-Zi	ı				1
TITLE		☐ DELETE	5.1 TT					Change	Addition
NAME (			5.2 N	ME					
STREET ADDRESS	•		5.3 ST	REET AD	DRESS				1
CITY-ST-ZIP			5.4 CI	TY-ST-ZI	₽	~ .			
TITLE Park	e ye's	☐ DELETE	6.1 TI		<del></del>			☐ Change	Addition
NAME 1	· · · · ]4		62 NA	ME					
STREET ADDRESS	no allegations		6.3 ST	REET AD	DRESS				
OTRICE MUDICESS					_				

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.

NO TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-431-8902