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 # P97000007411

MORGAN BUILDING CORP.

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90150 016 ***150.00



Principal Place	of Business	Mailing Address			ופפו וחוז וספוו נספוק ווספן לווספ ונועם ונוספ
1940 SOUTHWEST BILTMORE STREET 1940 SOUTHWEST BILTMORE S PORT SAINT LUCIE FL 34984 PORT SAINT LUCIE FL 34984			STREET		
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				01/24/1997	1
2. Principal Pl	age of Business / AULUM	2a. Mailing Address	DANKESI	4. FEI Number	Applied For
21 3/3(5	age of Business NOWN) 28131 SW MARTIN	ROD	65-0724147	Not Applicable
Suite, Apt. #, etc. 22				5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23 PAM CUL FL 28 AM CUL			,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 34991) 25 MALT 29 34996 30			MANUN	This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes ☐ No
24 57 77	9. Name and Address of Curre		1 11 4 5	10. Name and Address of New Regi	stered Agent
	J. Haile and Address of Cults	un valuenten villene	81 Name		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			-	III O O Day New Control of the Age of the	
			82 Street Address (P.O. Box Number is Not Acceptable) 83		
			84 City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes, t	he above-named o	orporation submits this statement for the pur	pose of changing its registered
office or re	onictored agent or both in the State	e of Florida. Such change was autho	nzed by the corbor	ation's board of directors. I hereby accept th	e appointment as registered
agent, I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florida	Statules.		}
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable. (NOTE: Regi	stered Agent signature req	uired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PSTD	☐ DELETE	1.1 TITLE	PSTP Mark	Enange
NAME	MORGAN, MARK S		1.2 NAME	MORGAN MARIC, S	DOLLARS RILLA #203
STREET ADDRESS	1940 SOUTHWEST BILTMORE	e street	1.3 STREET ADDRESS	3131 S.W. MARTINE	06
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984		1.4 CITY-ST-ZIP	PAIN CUL 19 599	10
TITLE	D		2.1 TITLE	20 20 1 20 10 10 10 10 10 10 10 10 10 10 10 10 10	☐ Change ☐ Addition
NAME	MORGAN, MARJORIE	į	Z.Z (WWE '	MORGAN MANJORCE	WAS Blub # 303
STREET ADDRESS		e street	2.3 STREET ADDRESS	3131 S.W. MARTIN 000	660
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984		2. 4 CITY+ST-ZIP	Prin und Mass	990_
TITLE			31 TITLE	7	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS		Ł	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		L	5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
!					
NAME	· .		6.2 NAME		
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

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 suppliemental 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 truetee incovered 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 an an area of the corporation of the corporat

SIGNATURE: