Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

Yes

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUI 1. Corporation | MENT # P970 (| 00008085 | | | | |
|------------------------------|--|--|-----------|-----------|---------------|---|
| CLAY D. | MORGAN, P.A. | | | | | |
| Principal Place | e of Business | Mailing Address | | | | p 18811685 life 18111 18851 89111 88111 88111 88111 88111 |
| 1704 AIRPORT MELBOURNE FI | | 1704 AIRPORT BLVD. MELBOURNE FL 3290 | | | | DO NOT WRITE IN THIS SPAC |
| | | | | | | 3. Date Incorporated or Qualifed |
| | | | | | | 01/21/1997 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number 59-3421435 |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | 2. | | | 5. Certifcate of Status Desired |
| City & Stat | е | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution |
| Zip | Country 25 | Zip | 30 | Country | | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 24 | 9. Name and Address of Cu | | 100 | <u> </u> | | 10. Name and Address of New Registered Agent |
| | | | | 81 | Name | |
| , | rgan, clay d Eleventh avenue | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) |
| INDI | ALANTIC FL 32903 | | | 83 | | |
| | | | | 84 | City | FL 85 |
| office or r | to the provisions of Sections 607 egistered agent, or both, in the Sim familiar with, and accept the o | itate of Florida. Such change v | was auth | orizea dv | tne corp | corporation submits this statement for the purpose of changi oration's board of directors. I hereby accept the appointment |
| SIGNATURE | | | | | | required when reinstating) DATE |
| 12. | Signature, typed or printed name of registere | d agent and title if applicable. S AND DIRECTORS | (NOTE: Re | 13. | x signature i | required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIR |
| TITLE | D | DELE | TE | 1.1 TITLE | | ABBITIOTO ATTACA TO STATE OF THE |
| | • | | | | | I |

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90191 014 ***150.00

| . | Bill Balu l Luxil | 46/21/2101/21/1/198 | i |
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| 11. Pursuant to the provisione of Sociation 607 0502 and 907 1509. Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered officing to orbit in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Tyred or printed name of registered agent and title if applicable. (NOTE Registered agent and title if applicable.) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | | | | 84 | City | | | FL | 85 Zip (| Code |
|--|--------------|--|----------------------|----------------|-----------------|---|---------------------------------------|--------------------------------------|-------------------------------|------------------------|
| Signature, speed or primeter agene of registered agene and till a applicables (NOTE Registered Agent agenetia renormal Agent agenetic renormal Agent a | office or re | egistered agent, or both, in the State of Florida. Such | change was auth | orized by 1 | ne corporat | poration submits the tion's board of dire | his statement fo ctors. I hereby a | r the purpose of accept the appoi | changing its intment as re | registered gistered |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MANE MORGAN, CLAY D | SIGNATURE | and a second and selection of a police bloom | (NOTE: Pa | ristered Acent | eignature recur | red when reinstating) | | DATE | | |
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| | 14 I hereby | certify that the information supplied with this filing doe | s not qualify for th | e exempti | on stated in | Section 119.07(3) | (i), Florida Statu | ites. I further ce | rtify that the i | nformation |

officer or director of the corporation or the reserver 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 apartic the suit of the corporation or the reserver of the corporation of the reserver of the corporation of the corporation

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR