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

PROFIT CORPORATION ANNUAL REPORT

1998

TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #. etc.

City & State

Zip

23

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

TALLAHASSEE FL 32301

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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29

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000014608 (8)**

THE LAW OFFICE OF DEAN MORPHONIOS, P.A.

Country

25

610 NORTH DUVAL STREET

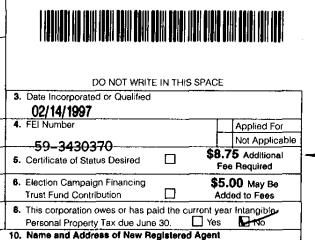
TALLAHASSEE FL 32301

MORPHONIOS, DEAN

Principal Place of Business Mailing Address
610 NORTH DUVAL STREET 610 NORTH DUVAL STREET

9. Name and Address of Current Registered Agent

FILED Jan 29 1998 8:00am Secretary of State



Zip Code

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.

Country

81

82

83 City

Name

Street Address (P.O. Box Number is Not Acceptable)

30

SIGNATURE	Signature, typed or printed name of registered agent and trile if applic	able (NOT	E Registered Agent signature requi	irea When reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
ITLE	President, Secretary, Treasurer	DELETE	1.1 TITLE	☐ Change	Addition
IAME .	Dean Morphonics		1.2 NAME		
TREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	610 North Duval Street		1.4 City-St-ZiP		
TILE	Tallahassae, FL 32301	DELETE	2 1 TITLE	Change	Addition
NAME			2.2 NAME		
TREET ADDRESS			2.3 STREET ADDRESS		
ITY-ST-ZIP			2.4 CITY-ST-ZIP		
ITLE		DELETE	3.1 TITLE	Change	Addition
IAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
ITLE		DELETE	4.1 TITLE	Change	Addition
IAME			4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
OTY-ST-ZIP			4.4 CITY-ST-ZIP		
ITLE		DELETE	5.1 TITLE	☐ Change	Addition
AME			5.2 NAME		
TREET ADDRESS			5 3 STREET ADDRESS		
ITY-ST-ZIP			5.4 CITY-ST-ZIP		
ITLE		DELETE	6.1 TITLE	☐ Change	Addition
IAME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
ITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. 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 3 if chapter 607, or on an attachment with an address.

CIONATURE:

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