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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90003 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000033164

1. Corporation Name
MORRIS & MORRIS, INC.



Principal Place of Business
 16100 COLLINS AVE
 #108
 SUNNY ISLES BEACH FL 33160
 US

Mailing Address
 2195 NORTHEAST 163 STREET
 NORTH MIAMI BEACH FL 33162-4925

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

2. Principal Place of Business
 21 100 KINGS POINT DRIVE

2a. Mailing Address
 26 100 KINGS POINT DRIVE

4. FEI Number
 65-0743305

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22 (RESTAURANT/PAPAZITO'S)

Suite, Apt. #, etc.
 27 (RESTAURANT/PAPAZITO'S)

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
 23 ~~SUNNY ISLES BEACH, FLA~~

City & State
 28 ~~SUNNY ISLES BEACH, FLA~~

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country
 24 33160 25 U.S.A

Zip Country
 29 33160 30 U.S.A

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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.

SIGNATURE *Patrick Morris* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD DELETE
 NAME MORRIS, PATRICK A
 STREET ADDRESS 2195 NORTHEAST 163 STREET
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162-4925

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VSD DELETE
 NAME MORRIS, SEBASTIANA F
 STREET ADDRESS 2195 NORTHEAST 163 STREET
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33162-4925

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Patrick Morris* PRESIDENT

4/15/99

3059475255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)