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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortberg Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053750 (0)**

1. Corporation Name

MORRISON HANNA DESIGN, INC.



Principal Place of Business

Mailing Address

**2623 BEE RIDGE ROAD
SARASOTA FL 34238**

**2623 BEE RIDGE ROAD
SARASOTA FL 34238**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1997	
21		26		4. FEI Number 65-0770634	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	28	Country		
24		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPNICK, BRUCE P
ICARD, MERRILL, CULLIS, TIMM, ET AL.
2033 MAIN STREET
SARASOTA FL 34237**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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	D	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, PATRICIA	1.2 NAME	Morrison, Patricia
STREET ADDRESS	1241 GULF OF MEXICO DR., #307	1.3 STREET ADDRESS	1241 Gulf of Mexico Dr., #307
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	D	2.1 TITLE	Vice President/Treasurer/ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, SAMIR	2.2 NAME	Hanna, Samir
STREET ADDRESS	2623 BEE RIDGE ROAD	2.3 STREET ADDRESS	2623 Bee Ridge Road
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE		3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Chapnick, Bruce P.
STREET ADDRESS		3.3 STREET ADDRESS	2033 Main Street, Suite 600
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sarasota, FL 34237
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE

Patricia Morrison **PATRICIA MORRISON** 2-12-98 (941) 751-6227

CR2E034 (10/97)