

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90144 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000061480

1. Corporation Name
ANDREWS & MORRISON, INC.

Principal Place of Business
**23040 SANDALFOOT PLAZA DRIVE
BOCA RATON FL 33428**

Mailing Address
**23040 SANDALFOOT PLAZA DRIVE
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

65-0781089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRISON, KENDRA
10282 BOCA ENTRADA BLVD., APT. 119
BOCA RATON FL 33428**

81 Name **MORRISON, KENDRA**
82 Street Address (P.O. Box Number is Not Acceptable)
2787 SW 6th St

84 City **DELRAY BEACH**

FL

85 Zip Code
33445

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

Kendra Morrison

(NOTE: Registered Agent signature required when resigning)

3/15/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P MORRISON, KENDRA**
STREET ADDRESS **10282 BOCA ENTRADA BLVD., APT. 19**
CITY-ST-ZIP **BOCA RATON FL 33428**

11 TITLE ☒ Change ☐ Addition
12 NAME **P MORRISON, KENDRA**
13 STREET ADDRESS **2787 SW 6th St**
14 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ DELETE
NAME **S EDELMANN, LORI**
STREET ADDRESS **400 JEFFERSON DRIVE, UNIT 102**
CITY-ST-ZIP **DEERFIELD BEACH FL 33428**

21 TITLE ☒ Change ☐ Addition
22 NAME **S EDELMANN, LORI**
23 STREET ADDRESS **1756S HAVENSWAY COURT**
24 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ DELETE
NAME **T EDELMANN, MARK**
STREET ADDRESS **400 JEFFERSON DRIVE, UNIT 102**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

31 TITLE ☒ Change ☐ Addition
32 NAME **T EDELMANN, MARK**
33 STREET ADDRESS **1756S HAVENSWAY COURT**
34 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ DELETE
NAME **V ANDREWS, ROBERT**
STREET ADDRESS **10282 BOCA ENTRADA BOULEVARD, SPT 119**
CITY-ST-ZIP **BOCA RATON FL 33428**

41 TITLE ☒ Change ☐ Addition
42 NAME **V ANDREWS, ROBERT**
43 STREET ADDRESS **2787 SW 6th St**
44 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

Kendra Morrison

Date

Daytime Phone #

3/15/99 (561) 483-3999

CR2E034 (11/98)