

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

FILED

Aug 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000085241 (2) 1. Corporation Name J.A. MORRISSEY ENTERPRISES, INC.			
Principal Place of Business 1670 NW 96TH AVENUE PEMBROKE PINES FL 33024		Mailing Address 1670 NW 96TH AVENUE PEMBROKE PINES FL 33024	
2. Principal Place of Business 21 12993 NW 7th ST. Suite, Apt. #, etc. 22 23 City & State PEMBROKE PINES, FL. 24 Zip 33028 25 Country USA		2a. Mailing Address 26 12993 NW 7th ST. Suite, Apt. #, etc. 27 28 City & State PEMBROKE PINES, FL. 29 Zip 33028 30 Country USA	
9. Name and Address of Current Registered Agent MORRISSEY, JODI 1670 NW 96TH AVENUE PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent 81 Name MORRISSEY, JODI 82 Street Address (P.O. Box Number is Not Acceptable) 12993 NW 7th ST. 83 84 City PEMBROKE PINES FL 85 Zip Code 33028	
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: Jodi Morrissey 8/4/98 Signature: Type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS TITLE D NAME MORRISSEY, JODI STREET ADDRESS 1670 NW 96TH AVENUE CITY-ST-ZIP PEMBROKE PINES FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME MORRISSEY, JODI 1.3 STREET ADDRESS 12993 NW 7th ST. 1.4 CITY-ST-ZIP PEMBROKE PINES FL 33028 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1997	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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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: Jodi Morrissey 8/4/98

CR2E034 (10/97)