


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

0306556

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90059 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000048422**

1. Corporation Name  
**MORGAN, BUSH & ALLEN, INC.**

Principal Place of Business 13730 STATE ROAD 84 SUITE 314 DAVIE FL 33325	Mailing Address 13730 STATE ROAD 84 SUITE 314 DAVIE FL 33325
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>Same</u> Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 <u>Same</u> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>06/01/1998</b>	4. FEI Number <b>65-0843358</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name <u>M. J. Brewer</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>13730 State Rd. 84 Suite 314</u> 83 84 City <u>Davie</u> FL 85 Zip Code <u>33325</u>
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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 Melba J. Brewer ✓ Pres. DATE 4/16/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATES, M N</b>	1.2 NAME	
STREET ADDRESS	<b>13730 STATE ROAD 84</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	1.4 CITY-ST-ZIP	
TITLE	<del>PSTD</del> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>M. J. Brewer</del>	2.2 NAME	<b>M. J. Brewer</b>
STREET ADDRESS	<del>13730 ST. RD. 84 Suite 314</del>	2.3 STREET ADDRESS	<b>13730 State Rd. 84 Suite 314</b>
CITY-ST-ZIP	<del>Davie, Fla</del>	2.4 CITY-ST-ZIP	<b>Davie, FL. 33325</b>
TITLE	<b>C. D. McCoy</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>C. D. McCoy</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V Pres.</b>	3.2 NAME	<b>d Director</b>
STREET ADDRESS	<b>13730 ST. RD. 84. Suite 314</b>	3.3 STREET ADDRESS	<b>13730 ST. RD 84 Suite 314</b>
CITY-ST-ZIP	<b>Davie Fla 33325</b>	3.4 CITY-ST-ZIP	<b>Davie, Fla. 33325</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (954)723-7745  
Date Daytime Phone #

CR2E034 (11/98)