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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800057948

1. Corporation Name

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90161 012 \*\*\*150.00

MORGAN ONE, INC.			
Principal Place of Business Mailing Address		1 2004(1004 110 1010) 1010) 004(1) 004(1)	
3431 SW 8TH ST. 3431 SW 8TH ST.		Ì	•
CAPE CORAL FL 33991 CAPE CORAL FL 33991		}	
		DO NOT WRITE II	N THIS SPACE
		3. Date Incorporated or Qualifed	
		06/29/1998	
Principal Place of Business     2a. Mailing Address	-	4. FEI Number	Applied For
21 3431 5 W 8 ST 26 SAme Suite Apt. # etc. Suite Apt. # etc.		62-08183	Not Applicabl \$8.75 Additional
		5. Certifcate of Status Desired	Fee Required
22 Ape Core 7 27 City & State City & State		6. Election Campaign Financing	\$5.00 yayaa
23 33991 28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes the current y	
24 25 USA 29 30	¬ ´	Personal Property Tax.	V Yes □No
9. Name and Address of Current Registered Agent	<del>'</del>	10. Name and Address of New Regis	stered Agent
	81 Name		
CORPORATION SERVICE COMPANY	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1201 HAYS STREET	Sireer Addr	ess (F.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525	83		
	21 2		85 Zip Code
	84 City	•	FL S Zip Code
SIGNATURE SIgnature, typed or printed name of registered agent and tour if applicable. (NOTE: Reg	gistered Agent signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Re-		( midi) (cinduding)	<del></del>
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS	13.	( midi) (cinduding)	RS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS  TITLE D DELETE	13. 1.1 TITLE	( midi) (cinduding)	RS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS  TITLE D DELETE  NAME MORGAN, CAMELLE	13. 1.1 TITLE 1.2 NAME	( midi) (cinduding)	RS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and the if applicable.  12. OFFICERS AND DIRECTORS  TITLE D MORGAN, CAMELLE  STREET ADDRESS 3431 SW 8TH ST.	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	( midi) (cinduding)	RS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and that if applicable.  12. OFFICERS AND DIRECTORS  TITLE D DELETE  NAME STREET ADDRESS  CITY: ST-ZIP CAPE CORAL FL 33991  TITLE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	( midi) (cinduding)	RS AND DIRECTORS IN 12
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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, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR