3. Date Incorporated or Qualified 11/18/1998

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90292 013 ***750.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). LORIDA DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Katherine Harris

Secretary of State

DUCUMEN I # 1. Corporation Name	P98000097	183
1. Corporation Name	. 00000007	•

MORGAN EQUITY INVESTOR	rs, inc.				
Principal Place of Business 2021 SUNNYDALE BOULEVARD CLEARWATER FL 33765	Mailing Address 2021 SUNNYDALE BOULEVARD CLEARWATER FL 33765				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

597	7130 - 90	005 - J7	O.	*	
				 	amad
 					• = •

DO NOT WRITE IN THIS SPACE

2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21		26			59-3546300	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year	a. a. l		
24	25		30		Intangible Personal Property.	Yes No		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
TH	ORN, W. THOMPSON III		°'	Name				
101 E. KENNEDY BLVD., STE. 2800			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	TAMPA FL 33602							
174	Mr A 1 E 00002		83					
			84	City	Fi	85 Zip Code		
office or	registered agent, or both, in the State of	of Florida. Such change was at	uthorized by	the corporation	ration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	changing its registered		
agent. I SIGNATURE	am familiar with, and accept the obligati	ions of, section 607.0505, Flor	rida Statutes					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered A	ent signature requ	ired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE			Change Addition		
NAME	MORGAN, LARRY C		1.2 NAME			Į;		
STREET ADDRESS	2021 SUNNYDALE BOULEVARD)	1.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33765		1.4 CITY-ST-	ZIP] }		
TITLE		DELETE	2.1 TITLE			Change Addition		
NAME	-	_	2.2 NAME					
STREET ADDRESS	1		2.3 STREET	ADDRESS				
CITY-\$1-ZtP			2.4 CITY-ST-	ZIP				
TITLE		DELETE	3.1 TITLE			Change Addition		
NAME			3.2 NAME			_ ,		
STREET ADDRESS	1		3.3 STREET	ADDRESS				
CITY-ST-ZIP	· !		3.4 CITY-ST-	ZIP				
TITLE		DELETE	4.1 TITLE			Change Addition		
NAME	1		4.2 NAME			_ •		
STREET ADDRESS			4.3 STREET	ADORESS		Į.		
CITY-ST-ZIP			4.4 CITY-ST-	ZIP				
TITLE		DELETE	5.1 TITLE			Change Addition		
NAME		<u> </u>	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP .	1.6		5.4 CITY-ST-	ŽIP		Ì		
TITLE		DELETE	6.1 TITLE			Change Addition		
NAME			6.2 NAME	Í				
STREET ADDRESS			6.3 STREET	ADDRESS	•	}		
CITY-ST-ZIP	<u> </u>		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: