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

SIGNATI IRE.

PROFIT Apr 27 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)MORGAN FAIRFIELD, INC. Principal Place of Business Mailing Address 1103 JESSICA AVENUE 931 STATE RD 434 ORLANDO FL 32807 SUITE 201 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/05/1991</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 931 S. R. 430 Suite, Apt. #, etc. 59-3064930 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional # 201 6. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 1 28 ALLAMOY П Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JONES, VIRGINIA ress (P.O. Box Number is Not Acceptable) 1103 JESSICA AVENUE 82 ORLANDO FL 32807 83 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 agent, or both to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with 1907 accept the obligation of, Section 607.0505, Florida Statutes. SIGNATURE Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change JONES, VIRGINIA NAME 1.2 NAME Thorpe, William 1103 JESSICA AVE. STREET ADDRESS 1.3 STREET ADDRESS 931 SR434 20 ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Alternoute Springs. TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change __ Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE 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 roport or supplemental annual roport 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 rocciver or trustoe employeered 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 attack prient with an exercise.

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