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

0070245

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S43173**

1. Corporation Name
MORGAN FAIRFIELD, INC.

Principal Place of Business
931 S TR 434
SUITE 201
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
931 STATE RD 434
SUITE 201
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/05/1991

4. FEI Number
59-3064930
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Does corporation owe the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

THORPE, WILLIAM
931 S R 434 #201
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	JONES, VIRGINIA	
STREET ADDRESS	1103 JESSICA AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

51 TITLE	D	[X] Change [ ] Add
52 NAME	Thorpe, William	
53 STREET ADDRESS	931 SR 434, #201	
54 CITY-ST-ZIP	Altamonte Springs, FL 32714	
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		[ ] Change [ ] Add
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		[ ] Change [ ] Add
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		
91 TITLE		[ ] Change [ ] Add
92 NAME		
93 STREET ADDRESS		
94 CITY-ST-ZIP		

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****150.00 ****150.00

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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: Thorpe, William 4-26-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date