

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 24 PH 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08628

(2)

1. Corporation Name

MORRIS FAMILY CORPORATION

Principal Place of Business

205 WORTH AVENUE
PALM BEACH FL 33480
US

Mailing Address

584 ISLAND DRIVE
PALM BEACH FL 33480
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1992		3a. Date of Last Report 02/09/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0315846		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROGERS, ALLEY 321 ROYAL PODORIANA PLAZA PALM BCH FL 33480				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

Signature, typed or printed name of registered agent and time taken to file

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ARTHUR A.	1.2 NAME	
STREET ADDRESS	584 ISLAND DRIVE	1.3 STREET ADDRESS	800001707538
CITY-STATE-ZIP	PALM BEACH FL 33480	1.4 CITY-STATE-ZIP	-02/06/96--01061--010
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DWIGHT M	2.2 NAME	
STREET ADDRESS	1721 ALLARD RD.	2.3 STREET ADDRESS	****200.00 ****200.00
CITY-STATE-ZIP	CHAPEL HILL NC 27514	2.4 CITY-STATE-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT	3.2 NAME	
STREET ADDRESS	7752 SHADY CREEK RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DUBLIN CA 94568	3.4 CITY-STATE-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, DEBORAH M	4.2 NAME	
STREET ADDRESS	4182 OAKWOOD DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WILLIAMSVILLE NY 14221	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, BARBARA R	5.2 NAME	
STREET ADDRESS	584 ISLAND DR.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BEACH FL 33480	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DAVID A	6.2 NAME	
STREET ADDRESS	2245 ANESBURT COURT	6.3 STREET ADDRESS	
CITY-STATE-ZIP	WELLINGTON FL 33414	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arthur A. Morris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 407-659-83
Date Daytime Phone #

CR2E034 (12/95)