

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V08628 (2)
1. Corporation Name
MORRIS FAMILY CORPORATION

Principal Place of Business
584 ISLAND DRIVE
PALM BEACH FL 33480-747-
-US-

Mailing Address
584 ISLAND DRIVE
PALM BEACH FL 33480 -
-US-



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3408 INVERNESS DRIVE Suite, Apt. #, etc. 22 --		2a. Mailing Address 26 3408 INVERNESS DRIVE Suite, Apt. #, etc. 27 --		3. Date Incorporated or Qualified 01/21/1992	
23 CHEVY CHASE, MD Zip 20815-5623 Country MONTGOMERY		28 CHEVY CHASE, MD Zip 20815-5623 Country MONTGOMERY		4. FEI Number 65-0315846 Applied For Not Applicable	
24 20815-5623 25 MONTGOMERY		29 20815-5623 30 MONTGOMERY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 CHEVY CHASE, MD		28 CHEVY CHASE, MD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 20815-5623 25 MONTGOMERY		29 20815-5623 30 MONTGOMERY		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRIS, ARTHUR A. 584 ISLAND DRIVE PALM BEACH FL 33480-4717		10. Name and Address of New Registered Agent 81 Name DAVID A. MORRIS 82 Street Address (P.O. Box Number is Not Acceptable) 2245 AMESBURY COURT 83 2245 AMESBURY COURT 84 City WELLINGTON, FL 85 Zip Code 33414	
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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 DAVID A. MORRIS X 2-9-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PP NAME MORRIS, ARTHUR A. STREET ADDRESS 584 ISLAND DRIVE CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MORRIS, DWIGHT M STREET ADDRESS 1721 ALLARD RD. CITY-ST-ZIP CHAPEL HILL NC 27514	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MORRIS, ROBERT STREET ADDRESS 3408 INVERNESS DRIVE CITY-ST-ZIP CHEVY CHASE MD	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20815-5623
TITLE SD NAME GEORGE, DEBORAH M STREET ADDRESS 4182 OAKWOOD DR. CITY-ST-ZIP WILLIAMSVILLE NY 14221	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MORRIS, DAVID A STREET ADDRESS 2245 AMESBURY COURT CITY-ST-ZIP WELLINGTON FL 33414	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert A. Morris X 2/9/98 (301) 215-4676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0228144

CR2E034 (10/97)