COF	PROFIT RPORATION JAL REPORT 1996	FLORIDA DI San Sec	PARTMENT STATE CHARTMENT STATE CHARTME		
DOCU 1. Corporatio	MENT # V439 4	l9 (9)			
TWO	MORROW BUILDERS, INC			1 (20) (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Principa' Place	e of Business	Mailing Address			
SUITE D4	PALM BEACH BLVD. M BEACH FL 33412	6911 ROYAL PALM SUITE D-4 ROYAL PALM BEAC US		3. Date Incorporated or Qualified 06/09/1992	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	05/18/1995 Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-0337254 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be
Zip 24	Country 25	Zip 29	Co.J y	8. This corporation has liability for i	ntangible tax under s 199,032,
	9. Name and Address of Curre	nt Registered Agent	1 Name	10. Name and Address of New R	
MORROW, DANIEL 6911 ROYAL PALM BEACH BLVD			2 Street Add	ress (P.O. Box Number is Not Acceptabl	e}
	ALM BEACH FL 33412		4 City		05 7-0-4
11. Pursuant t	to the provisions of Sections 607,0502 ed agent, or both, in the State of Flori	2 and 607.1508, Florida Stat	utes, the abor-named corpo	ration submits this statement for the purp rd of directors. I hereby accept the appo	FL 85 Zip Code
familiar wit	th, and accept the obligations of, Sect	tion 607.0505, Florida Statut	es.	rd of directors. I hereby accept the appo	ntment as registered agent. I am
	Signature, typed or printed name of registered agent OFFICERS AIN	and tire + apolicable D DIRECTORS	NOTE: Registered yent signature require		DATE
TITLE NAME	D	DELETE	1.1 1, [ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	MORROW, DANIEL W. 6911 ROYAL PALM BEACH E	BLVD.	1.2 N/E 1.3 SLE1 ADDRESS		
CITY-S1-ZIP	ROYAL PALM BEACH FL		14 Qr - S1 - ZIP		
TITLE NAME	MORROW, CAROL	☐ DELETE	2 1 LF 22 No		Change Addition
STREET ADDRESS	6911 ROYAL PALM BEACH E	BLVD.	23 S FT ADDRESS		
CITY-ST-ZIP TITLE	ROYAL PALM BEACH FL D	DELETE	2 4 C - S? - ZIP		
NAME	MORROW, JOHN	L) bettie	3 1 1 € 3.2 1 €	· ·	Change Addition
STREFT ADDRESS	15359 MORROW COURT		3.3. FI ADDRESS		
CITY-ST-ZIP TITLE	LOXAHATCHEE FL	DELETE			Character Fina
NAME EZPECT ADDRESS			4.2		Change Addition
STREET ADDRESS CITY-ST-ZIP			4.3 T ADDRESS		
TITLE		☐ DELETE	5 :		Change Addition
NAME STREET ADDRESS			5.2		
CITY-ST-ZIP			5.3 ET ADDRESS 5.4 ST-ZIP		
TITLE NAME	100 T T T T T T T T T T T T T T T T T T	☐ DELETE	6 1 #		Change Addition
1			62 ME 63 REET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	portify that the 1.5				
CITY-ST-ZIP 14. I do hereby certify that	certify that the information supplied with information indicated on this annual am an officer or director of the correct	with this filing is voluntarily fur all report or supplemental an	nished andoes not qualify for	the exemption stated in Section 119.07 and that my signature shall have the sa	(3)(k), Florida Statutes. I further
CITY-ST-ZIP 14. I do hereby certify that	certify that the information supplied vittle information indicated on this annual am an officer or director of the corpor Block 12 or Block 13 phanged, or o	with this filing is voluntarily fur all report or supplemental an ration or the receiver or trust in an attachment with an add	nished andoes not qualify for	the exemption stated in Section 119.07 and that my signature shall have the sa report as required by Chapter 607, Florid	(3)(k), Florida Statufes. I further ne legal effect as if made under la Statutes; and that my name