FORM 1 STATEMENT OF FINANCIAL INTERESTS 1998							
THIS STATEMENT REFLECTS MUMINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR ENDING: CHECK EITHER OR SPECIFY TAX YEAR IF OTHER	NAME OF YOUR AGEN	emorsel Health Syster					
DECEMBER 31, 1998 THAN THE CALENDAR YEAR:							
LAST NAME - FIRST NAME - MIDDLE NAME: King Melvin Morris MAILING ADDRESS: 1926 SE 442 St,		CHECK <u>ONE</u> OF THE FOLLOWING CATEGORIES:					
	E EMPLOYEE						
CITY: ZIP: COUNTY:	\neg	LIST OFFICE OR POSITION HELD OR SOUGHT:					
NOTICE: Under provisions of Sec. 112.317, F closure constitutes grounds for and may be fication from being on the ballot, impeachm ment, demotion, reduction in salary, reprimar	Florida Statutes, a punished by one o ent, removal or su nd, or a civil penalty	failure to make any required dis- r more of the following: disquali- spension from office or employ- y not exceeding \$10,000.					
PART A — PRIMARY SOURCES OF INCOME [Sources exceeding 5%	of gross income]						
NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
Dividendes (RETTER Money Market) AGEdus	Investment Company						
Interest (Money Market Olde	+5 (RBITS ; Many Mailer) O/de - (Money Market) O/de						
PART B SOURCES OF INCOME TO BUSINESSES OWNED BY TH	E REPORTING PERSON [Ma	ajor customers, clients, etc.]					
NAME OF SOURCE OF BUSINESS ENTITY'S INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
PART C-REAL PROPERTY [Land, buildings]	FILING INSTRUCTIONS for when and where to file this form are located at the bot- tom of page 2.						
Appl Value 115,000	INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.						
Mortgage Paid in Decen	OTHER FORMS you may need to file are described on page 6.						
±(ELECTRONICE NUMBER AND AND A	(Continued on p.2)					
CE FORM 1 - REV. 1/99	REQUENED	PAGE 1					

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]							
TYPE OF INTANGIBLE		BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Starke Brade REIT	s, Nory Mckels	alles None - Self only					
Jaco por os, rain							
			· · · · · · · · · · · · · · · · · · ·				
PART E - LIABILITIES IN EXCESS OF NET WORTH [Major debts]							
NAME OF CREDITC	DŘ	ADDRESS OF CREDITOR					
					4		
PART F INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]							
	BUSINESS ENT	ITY # 1	BUSINESS ENTI	TY # 2	BUSINESS ENTITY # 3		
NAME OF BUSINESS ENTITY							
ADDRESS OF BUSINESS ENTITY							
PRINCIPAL BUSINESS ACTIVITY							
POSITION HELD WITH ENTITY							
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE: DATE SIGNED: 6/19/99							

FILING INSTRUCTIONS FOR FORM 1

WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE: Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. **Candidates** file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each *local officer, state officer,* and *specified state employee* must file within 30 days of the date of his or her appointment or of the beginning of employment.

Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Thereafter, *local officers, state officers,* and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3)