

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

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G54128

(5)

1. Corporation Name
DAVID E. MORGAN ENERGY, INC.



Principal Place of Business

Mailing Address

**1 REGENCY PLAZA
SUITE 106-R
PROVIDENCE MA 02903**

**1 REGENCY PLAZA
SUITE 106-R
PROVIDENCE MA 02903-3158**

3. Date Incorporated or Qualified
09/01/1983

3a. Date of Last Report
04/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2341363

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, DAVID E
WINTHROP HOUSE, #318
100 WORTH AVENUE
PALM BEACH 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD MORGAN, DAVID E.**
STREET ADDRESS **100 WORTH AVENUE**
CITY-ST-ZIP **PALM BEACH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33480**

TITLE DELETE
NAME **T LINDSAY, FERN**
STREET ADDRESS **37 SKYRIDGE ROAD**
CITY-ST-ZIP **GREENWICH CT**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **06830**

TITLE DELETE
NAME **S SOLMONSON, LESLIE**
STREET ADDRESS **1016 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **10028**

TITLE DELETE
NAME **VD BRAVER, MARTIN D.**
STREET ADDRESS **1330 BOYSTON STREET**
CITY-ST-ZIP **CHESNUT HILL MA**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **02167**

TITLE DELETE
NAME **V MORGAN, NICHOLAS**
STREET ADDRESS **1415 MCGOO AVENUE**
CITY-ST-ZIP **BERKLEY CA 94703**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS **1415 MCGREE AVENUE**
5.4 CITY-ST-ZIP **BERKELEY, CA 94703**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Nicholas Morgan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 510-528-2884
Date Daytime Phone #

CR2E034 (9/96)