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

\* PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

K83695

(2)

MORSE EQUITY CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 940658	P.O. BOX 940658
MAITLAND FL 32794-0658	MAITLAND FL 32794-0658

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							<del>_</del> -				
2 Principal Pl	Principal Place of Business     2a Mailing Address					3. Date Incorporated or Qualified 04/27/1989	04/27/1989				
2. Principal Place of Business 2a. Mailing Address 21						4. FEI Number 59-2947336			Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, et 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State City & State						6. Election Campaign Financing	<del></del>		00 May Be		
23 Z <sub>ID</sub>	Country	28				Trust Fund Contribution		Add	led to Fees		
24	Ciountry 25	Zip <b>29</b>	Country 30			8. This corporation has liability for it					
	9. Name and Address of Curre		30	7		Florida Statutes Yes  10. Name and Address of New R	_	cont	<del></del>		
		<del></del>		81	Name	10, riding and riddress of flow in	aðisteran v	Benr			
BROWN, DON L.				82	Stand A	<del></del>					
	200 NORTH THORNTON AVE 865 HARTFORD BUILDING			04	Street Address (P.O. Box Number is Not Acceptable)						
				83							
ORLA	NDO FL 32801			84	City			Ta=1 =			
					1		FL	1 1	Zip Code		
11. Pursuant t or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	? and 607.1508, Florida Stat da. Such change was autho	utes, the ab	corp	named corp oration's b	peration submits this statement for the purporation of directors. I hereby accept the appo	pose of chan	nging its	registered office		
SIGNATURE	and accept the obligations of, ecol	non con.coos, nonda statut	.es.					09.0.0.	d agone i am		
	Signaturu, typed or printed name of registered agent	and title if applicable	(NOTE Registere	o Agen	it signature requ	iiir id when reinstat⊭igt	DATE				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12		
TRILE	PD NOO!!!	□ DELETE	1.1	TITLE				Change			
NAME	RUTH, MOGUL		1.2 N	NAME							
STREET ADDRESS	861 WEST MORSE BLVD. WINTER PARK FL		1.3 \$	STREET	ADDRESS						
CITY-ST-ZIP TITLE	WINTER FARN CL	r peren		D/TY-\$1	T- <b>Z</b> IP						
NAME		DELETE	2 1		1			Change	☐ Addition		
STREET ADDRESS	· 			NAME							
CITY-ST-ZIP			1		ADDRESS						
TITLE		DELETE		CITY-ST TITLE	í-ZIP			Observe			
NAME			3 2 N		]			Change	☐ Addition		
STREET ADDRESS					ADDRESS						
CHTY-ST-ZIP				HTY-ST	1						
THLE		☐ DELETE	4.17		-		——	Change	Addition		
NAME			4.2 N	IAME			_				
STREET ADDRESS			438	TREET	ADDRESS						
CiTY-ST-ZIP			440	HTY-ST	- ZIP				!		
TITLE		☐ DELETE	5. 1 T	ITLE				Change	☐ Addition		
NAME			5.2 N	AME							
STREET ADDRESS					ADDRESS				i		
CITY-ST-ZIP TITLE		T) belete		ITY-ST	- ZIP						
NAME		DELETE	6 1 T					Change	☐ Addition		
			62 N								
STREET ADDRESS					ADDRESS						
CITY-S1-2IP			6 4 Ci	ITY-ST	-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: Rett mogul Prese

4/1/96

407/647-514 Dayting Phone