

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90043 008 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000035027

1. Corporation Name  
**MOR REAL ESTATE INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 6800 S.W. 21ST COURT  
 UNIT 5  
 FT LAUDERDALE FL 33317

Mailing Address  
 210 FAIRMONT WAY  
 WESTON FL 33326  
 US

3. Date Incorporated or Qualified  
**04/18/1997**

4. FEI Number  
**65-0755754**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21. **13951 NW 8 Street**  
 Suite, Apt. #, etc.  
 22.

2a. Mailing Address  
 26. **13951 NW 8 Street**  
 Suite, Apt. #, etc.  
 27.

City & State  
 23. **Sunrise, FL**  
 28. **Sunrise, FL**

Zip Country  
 24. **33325** 25. **Broward**  
 29. **33325** 30. **Broward**

9. Name and Address of Current Registered Agent  
**FERENICK, ROBERT E JR**  
**150 SOUTH PINE ISLAND RD**  
**STE 400**  
**MIAMI FL 33324**

10. Name and Address of New Registered Agent  
 81 Name **MARK ATLAS**  
 82 Street Address (P.O. Box Number is Not Acceptable) **6363 N.W. 6th Way**  
 83 **Suite 420**  
 84 City **FT. LAUD.** FL 85 Zip Code **33309**

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 *[Signature]* **MARK ATLAS ATTORNEY** DATE **2-12-99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDSTEIN, MARK</b>	
STREET ADDRESS	<b>6800 S.W. 21ST CT. UNIT 5</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUTTINGER, OWEN</b>	
STREET ADDRESS	<b>6800 S.W. 21ST CT. UNIT 5</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUTTINGER, RICHARD</b>	
STREET ADDRESS	<b>6800 S.W. 21ST CT. UNIT 5</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33317</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GOLDSTEIN, MARK</b>
1.3 STREET ADDRESS	<b>13951 NW 8 Street</b>
1.4 CITY-ST-ZIP	<b>SUNRISE, FL 33325</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LUTTINGER, OWEN</b>
2.3 STREET ADDRESS	<b>13951 NW 8 Street</b>
2.4 CITY-ST-ZIP	<b>SUNRISE, FL 33325</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LUTTINGER, OWEN</b>
3.3 STREET ADDRESS	<b>13951 NW 8 Street</b>
3.4 CITY-ST-ZIP	<b>SUNRISE, FL 33325</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **2/15/99** DAYTIME PHONE # **954-372-1197 ext 116**

CR2E034 (11/98)