

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90014 049 ***158.75

DOCUMENT # 238091

1. Entity Name
MORSE OPERATIONS, INC.



Principal Place of Business

6363 NW 6 WAY
STE 400
FT LAUDERDALE, FL 33309 US

Mailing Address

6363 NW 6 WAY
STE 400
FT LAUDERDALE, FL 33309 US

440140J6



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0558323

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACINNES, DENNIS M
MORSE OPERATIONS INC
STE 400
FT. LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MORSE, EDWARD J
STREET ADDRESS	6363 NW 6 WAY, STE 400
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	DP
NAME	MORSE, EDWARD J., JR.
STREET ADDRESS	6363 NW 6 WAY, STE 400
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	V
NAME	BEAVER, RICHARD
STREET ADDRESS	6363 NW 6 WAY, STE 400
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ST
NAME	MACINNES, DENNIS M
STREET ADDRESS	6363 NW 6 WAY STE 400
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	V
NAME	Beaver, Elizabeth A.
STREET ADDRESS	6363 NW 6th Way, Suite 400
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis M. MacInnes

2/6/04

Date

954-351-0055

Daytime Phone #