

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**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**



01102007 No Chg-P CR2E034 (11/05)

**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, 2007 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
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 6 WAY, STE 400
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/07-80034-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Secretary/Treasurer**

**January 30, 2007 954-351-0055**

Date

Daytime Phone #