

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 399444 (9)

1. Corporation Name

MORLEE LAMPSHADE CO., INC.



Principal Place of Business

Mailing Address

1785 WEST 32 PLACE
HIALEAH FL 33012-4512

1785 WEST 32 PLACE
HIALEAH FL 33012-4512

3. Date Incorporated or Qualified
04/18/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

57-0541306

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.



Yes

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, SANDRA
101 OCEAN LANE
KEY BISCAYNE FL 33149

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

308 Grapefree DR

84. City

Key Biscayne 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

Signature type (do not print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when new filing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MELNICK, RONNE
STREET ADDRESS 12777 OLD CUTLER RD
CITY-ST-ZIP CORAL GABLES FL

TITLE PD
NAME GREEN, SANDRA
STREET ADDRESS 101 OCEAN LANE
CITY-ST-ZIP KEY BISCAYNE FL

TITLE SD
NAME GREEN, ALLAN
STREET ADDRESS 350 MENORES AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

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