

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

**CORPORATION
ANNUAL REPORT
1994 1995**



DEPARTMENT OF STATE
Jan Finkel
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1. Corporation Name
MOREL INVESTMENTS, INC.

DOCUMENT # 570081
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PH 1: 37

2. Mailing Address
**3440 SOUTH OCEAN BLVD
SUITE NO 8-508
PALM BEACH FL 33480**

Principal Place of Business
**3440 SOUTH OCEAN BLVD
SUITE NO 8-508
PALM BEACH FL 33480**

500001492275
-05/17/95--01167--010
*****200.00 ***200.00**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, list through exactest information and enter correction below:

21. Mailing Address	26. Principal Place of Business
22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City, State	28. City, State
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 04/21/1978	3a. Date of Last Report 04/07/1995 4-9-94
4. FEI Number 59-1811214	Applied For Not Applicable
5. Certificate of Status Desired \$8.75	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit Exempt from \$1300 Fee Supplemental Fee ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for information fee under 19-1001(1)(c) Florida Statutes ☒ Yes ☐ No	

6. Name and Address of Current Registered Agent

**STERN, NORMAN M.
3440 SOUTH OCEAN BLVD, S-508
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE:

DATE

(If Current Agent Accepting Appointment) (PAID: If Current Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P/D	1. TITLE	
2. NAME	STERN, NORMAN	2. NAME	
3. STREET ADDRESS	3440 S OCEAN BLVD	3. STREET ADDRESS	
4. CITY, ST, ZIP	PALM BCH, FL 00000	4. CITY, ST, ZIP	
5. TITLE	D	5. TITLE	
6. NAME	WALMSLEY, JANE S	6. NAME	
7. STREET ADDRESS	28 BELSIZE RD	7. STREET ADDRESS	
8. CITY, ST, ZIP	LONDON NW 4RD, ENG00000	8. CITY, ST, ZIP	
9. TITLE	V/S/D	9. TITLE	
10. NAME	STERN, LEORA	10. NAME	
11. STREET ADDRESS	3440 S OCEAN BLVD	11. STREET ADDRESS	
12. CITY, ST, ZIP	PALM BCH, FL 00000	12. CITY, ST, ZIP	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	
21. TITLE		21. TITLE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP		24. CITY, ST, ZIP	
25. TITLE		25. TITLE	
26. NAME		26. NAME	
27. STREET ADDRESS		27. STREET ADDRESS	
28. CITY, ST, ZIP		28. CITY, ST, ZIP	
29. TITLE		29. TITLE	
30. NAME		30. NAME	
31. STREET ADDRESS		31. STREET ADDRESS	
32. CITY, ST, ZIP		32. 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)(b), Florida Statutes. I release if Director of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no change.

SIGNATURE: Norman M. Stern

Norman M. Stern, Pres. April 28, 1995 407-586-8300

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

(199)

Florida Statutes