

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:46

DOCUMENT # **829856** (4)

1. Corporation Name
NORMAN M. MORRIS CORPORATION

Principal Place of Business Mailing Address
% PARADISE & ALBERTS 630 THIRD AVENUE NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized **04/08/1973** 3a. Date of Last Report **02/01/1994**
4. FEI Number **13-1544619** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**LEDERER, STEVEN, L., J., ESQ
2450 NORTHEAST MIAMI GARDENS DR
SUITE 100
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ (NOTE: Registered Agent signature required when constituting) _____ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORRIS, NORMAN M	11 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, NORMAN M	12 NAME	
STREET ADDRESS	8 CORPORATE PARK DRIVE	13 STREET ADDRESS	
CITY- ST- ZIP	WHITE PLAINS NY	14 CITY- ST- ZIP	
TITLE	SD MORRIS, ROBERT E	21 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT E	22 NAME	
STREET ADDRESS	6 CORPORATE PARK DRIVE	23 STREET ADDRESS	
CITY- ST- ZIP	WHITE PLAINS NY	24 CITY- ST- ZIP	
TITLE	TD LUBIN, MARVIN	31 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBIN, MARVIN	32 NAME	
STREET ADDRESS	6 CORPORATE PARK DRIVE	33 STREET ADDRESS	
CITY- ST- ZIP	WHITE PLAINS NY	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), Florida Statutes. 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, 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, changed, or on an attachment with an addendum.

SIGNATURE: Marvin Lubin 1/24/95 (914) 694-1830
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR
Marvin Lubin, TREASURER