

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90001 044 ***150.00

DOCUMENT # F 98 00000 6312

1. Corporation Name

MORGAN SOFT INC



Principal Place of Business

Mailing Address

9517 CARLYLE AV
Surfside, FL 33154

SAME

80059157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/98

4. FEI Number

65-0786240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE GRAVE, DANIEL
9517 CARLYLE AVENUE
Surfside, FL 33154

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PC	DEGRAVE, Brigitte	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9517 CARLYLE AVENUE		1.3 STREET ADDRESS	
SURFIDE, FL 33154		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

5/21/01 305-866-8591

Date

Daytime Phone #

Attachment

Doc# F98000006312

MOYAL & ASSOCIATES, INC
208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024

May 23, 2001

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT FOR MORGAN SOFT, INC
DOC # F98000006312

Dear Sir or Madam:

ENCLOSED IS THE ANNUAL FEE FOR MORGAN SOFT, INC \$ 150.00 FOR 2001. MRS. BRIGITTE DEGRAVE IS A FRENCH RESIDENT .SHE WAS OUT OF THE COUNTRY AND NOT AWARE THAT THE ANNUAL FEE WAS DUE BEFORE MAY FIRST, 2001. SHE NEVER RECEIVED THE RENEWAL OF THE CORPORATION FOR 2001. SHE MOVED AND NEVER RECEIVED THE RENEWAL FORM FOR 2001.S HE IS REQUESTING THAT ANY PENALTY BE WAIVED AND THAT THE MAILING ADDRESS BE CHANGED AS PER FORM ENCLOSED.

WE THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER

SINCERELY,



PATRICK R. MOYAL
ACCOUNTANT



BRIGITTE DEGRAVE
PRESIDENT

TEL: 954-430-3930
FAX: 954-430-3939
EMAIL:PMOYAL@MSN.COM