

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # G08850

(1)

1. Corporation Name

MORBITZER GROUP, INC.

Principal Place of Business

**668 N. ORLANDO AVE., #105
MAITLAND FL 32751**

Mailing Address

**668 N. ORLANDO AVE., #105
MAITLAND FL 32751**

3. Date Incorporated or Qualified

11/18/1982

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2226257

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MORBITZER, THOMAS D
1484 STONE TR.
ENTERPRISE FL 32725**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CEO
MORBITZER, THOMAS D
1484 STONE TR.
ENTERPRISE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PST
MORBITZER, MARGARET L
1484 STONE TR.
ENTERPRISE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MORBITZER, MARGARET L
1484 STONE TR.
ENTERPRISE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

☐ Change ☐ Addition

2. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

☐ Change ☐ Addition

3. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

☐ Change ☐ Addition

4. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

☐ Change ☐ Addition

5. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

☐ Change ☐ Addition

6. 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information submitted 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS D. MORBITZER

G.E.O.

4/26/95

407/539-1000