

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G78507 (2)**

1. Corporation Name  
**LEON MORSON INSURANCE INC.**



Principal Place of Business: **2104 N FEDERAL HWY HOLLYWOOD FL 33020 US**  
Mailing Address: **2104 N FEDERAL HWY HOLLYWOOD FL 33020 US**

3. Date Incorporated or Qualified: **01/12/1984**  
3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-2368223**  
5. Certificate of Status Desired:  **\$8.75 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: **688 N. Dixie Hwy**  
21. City & State: **Hollywood Fl.**  
22. Suite, Apt. #, etc.:  
23. Zip: **33020** Country: **Braxard**  
24. Mailing Address: **688 N. Dixie Hwy**  
25. City & State: **Hollywood Fl.**  
26. Suite, Apt. #, etc.:  
27. Zip: **33020** Country: **Braxard**  
28. 29. 30.

9. Name and Address of Current Registered Agent  
**MORSON, LEON  
9850 N.W. 10 STREET  
PEMBROKE PINES FL 33025**

10. Name and Address of New Registered Agent  
81. Name: **Morson, Leon**  
82. Street Address (P.O. Box Number is Not Acceptable): **403 S.W. 148 Ave # 3**  
83.  
84. City: **Pembroke Pines FL** 85. Zip Code: **33027**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Typed or printed name of registered agent and date of signature. (NOTE: This area should separate registered agent's signature.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORSON, LEON	
STREET ADDRESS	2104 N FEDERAL HWY	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MORSON, BONNIE	
STREET ADDRESS	6217 S.W. 2W2 ST	
CITY - ST - ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Morson, Leon	
13. STREET ADDRESS	688 N. Dixie Hwy	
14. CITY - ST - ZIP	Hollywood Fl. 33020	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

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\*\*\*200.00

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Leon Morson** Leon Morson Pres 4/14/96 954-920-0226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed #

CR2E034 (12/95)

4-22-96