FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H40582 (9)

1. Corporation Name
MORNINGSIDE ESTATES, INC.

Principal Place of Business	Mailing Address
400 S. INDIANA AVENUE ENGLEWOOD FL 34223	400 S. INDIANA AVENUE ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/31/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

LEACH, MARGARET E.
400 S. INDIANA AVENUE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: Judy Melvin
82 Street Address (P.O. Box Number is Not Acceptable): 9477 Fruitland Ave.,
83
84 City: Englewood,--- 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 [illegible], Florida Statutes.

SIGNATURE: Judy Melvin (Signature Typed or Printed) (NOTE: Registered Agent signature required when reinstating) DATE: April 10, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	MUSGRAVE, THOMAS W.	12 NAME	
STREET ADDRESS	291 WINSON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	14 CITY-ST-ZIP	No Longer
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	ZAREMBA, EDWARD F.	22 NAME	
STREET ADDRESS	33 ISLAND POND RD.	23 STREET ADDRESS	
CITY-ST-ZIP	ATKINSON NH	24 CITY-ST-ZIP	No Longer
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	LEACH, MARGARET E.	32 NAME	
STREET ADDRESS	400 S. INDIAN AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	TLS. 4/18/95
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	600001455646
STREET ADDRESS		53 STREET ADDRESS	-04/18/95--01119--010
CITY-ST-ZIP		54 CITY-ST-ZIP	****200.00 ****200.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: Margaret E Leach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARGARET E LEACH

Apr. 3, 1995 Date

(813) 474-5594 (Daytime Phone #)

038071 CP