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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H47106** **(0)**

1. Corporation Name

MORGAN SALES & LEASING, INC.

Principal Place of Business	Mailing Address
P O BOX 223642 HOLLYWOOD FL 33064	P O BOX 223642 HOLLYWOOD FL 33064

3. Date Incorporated or Qualified: **03/14/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2507289** ☐ 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

2. Principal Place of Business	2a. Mailing Address (SAME AS BUSINESS)
21 Hollywood, 3997 W. Hollandale Bch Blvd	26 3997 West Hollandale Bch Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 N/A	27 N/A
City & State	City & State
23 Hollywood, FL	28 Hollywood, FL
Zip / Country	Zip / Country
24 33023 / 25 Broward	29 33023 / 30 Broward

9. Name and Address of Current Registered Agent

BOGOSIAN, MARK
1907 N SURF RD
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name: Silbergleit, David (CPA)
82 Street Address (P.O. Box Number is Not Acceptable): 3469 NE 163 st
83
84 City: North Miami FL 85 Zip Code: 33160

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: David C. Silbergleit, VP, CPA DATE: 2/19/96
(Signature, typed or printed name of registered agent and title, if applicable) (Not required if agent signature appears above)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD, VD, T	☒ Change ☐ Addition
NAME	BOGOSIAN, MARK		1.2 NAME	MASSARO, FRED	
STREET ADDRESS	P. O. BOX 3642 N/A		1.3 STREET ADDRESS	2771 OCEAN Club BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hollywood FL 33019	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SALOMON, DON		2.2 NAME	Massaro, Fred	
STREET ADDRESS	1907 N. SURF RD., A-1		2.3 STREET ADDRESS	2771 OCEAN Club BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Hollywood FL 33019	
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	ONDRUS, IVAN		3.2 NAME	Massaro, Fred	
STREET ADDRESS	3638 E. BELL DR		3.3 STREET ADDRESS	2771 OCEAN Club BLVD.	
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP	Hollywood FL 33019	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Fred Massaro 2/19/96 305-9610944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
President