

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
Division of Corporations

APR 21 1995
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K83700** (0)
1. Corporation Name
MORSE HOLDING CORPORATION

Principal Place of Business: P.O. BOX 940658, MAITLAND FL 32794-0658
Mailing Address: P.O. BOX 940658, MAITLAND FL 32794-0658

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|----------------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 04/27/1989 | 07/05/1994 |
| 22 | | 27 | | 4. FEI Number | Applied For |
| 23 | | 28 | | 59-2947333 | Not Applicable |
| 24 | | 25 | | 5. Certificate of Status Desired | \$0.75 Additional Fee Required |
| 29 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | 7. This corporation has liability for intangible tax under § 199.032, Florida Statutes | Yes No |

| | | | | | | | |
|--------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BROWN, DON L. 200 NORTH THORNTON AVE 865 HARTFORD BUILDING ORLANDO FL 32801 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | 85 |

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 607.0503, Florida Statutes.

SIGNATURE: _____

| | | | |
|----------------------------|-------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12.1 | PD MOGUL-KING, TRACY 861 WEST MORSE BLVD. WINTER PARK FL | 13.1 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RUTH N. MOGUL |
| 12.2 | | 13.2 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3 | | 13.3 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.4 | | 13.4 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5 | | 13.5 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 | | 13.6 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.7 | | 13.7 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.8 | | 13.8 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.9 | | 13.9 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10 | | 13.10 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.071(1)(b), Florida Statutes. I further certify that the information included 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 personally. That I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) on an attached schedule.

SIGNATURE: *Ruth N. Mogul*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

APRIL 21, 1995 407-647-5111
Date Telephone Number