

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K88504 (1)**

**MORRIS TURBINE SERVICE & PARTS, INC. DEVELOPMENT CORP.**



Principal Place of Business: % GEOFFREY D. MORRIS, 245 NORTH TRAIL, SUITE E, VENICE FL 34285  
Mailing Address: % GEOFFREY D. MORRIS, 245 NORTH TRAIL, SUITE E, VENICE FL 34285

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: 05/12/1989  
3a. Date of Last Report: 01/19/1995  
4. FEI Number: 65-0128758  
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

MORRIS, GEOFFREY D.  
245 NORTH TRAIL  
SUITE E  
VENICE FL 34285

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 607.0102 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: D  
2. NAME: MORRIS, EDWARD  
3. STREET ADDRESS: 240 THIRD BEACH ROAD  
4. CITY-STATE-ZIP: MIDDLETOWN RI  
5. TITLE: S  
6. NAME: MORRIS, GEOFFREY D.  
7. STREET ADDRESS: 245 NORTH TRAIL, #E  
8. CITY-STATE-ZIP: VENICE FL  
9. TITLE:  DELETE  
10. NAME:  DELETE  
11. STREET ADDRESS:  DELETE  
12. CITY-STATE-ZIP:  DELETE  
13. TITLE:  DELETE  
14. NAME:  DELETE  
15. STREET ADDRESS:  DELETE  
16. CITY-STATE-ZIP:  DELETE

1. 1.1 TITLE:  Change  Addit on  
2. 1.2 NAME  
3. 1.3 STREET ADDRESS  
4. 1.4 CITY-STATE-ZIP  
5. 2.1 TITLE:  Change  Addit on  
6. 2.2 NAME  
7. 2.3 STREET ADDRESS  
8. 2.4 CITY-STATE-ZIP  
9. 3.1 TITLE:  Change  Addit on  
10. 3.2 NAME  
11. 3.3 STREET ADDRESS  
12. 3.4 CITY-STATE-ZIP  
13. 4.1 TITLE:  Change  Addit on  
14. 4.2 NAME  
15. 4.3 STREET ADDRESS  
16. 4.4 CITY-STATE-ZIP  
17. 5.1 TITLE:  Change  Addit on  
18. 5.2 NAME  
19. 5.3 STREET ADDRESS  
20. 5.4 CITY-STATE-ZIP  
21. 6.1 TITLE:  Change  Addit on  
22. 6.2 NAME  
23. 6.3 STREET ADDRESS  
24. 6.4 CITY-STATE-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)(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 checked, or on an attachment with an address.

SIGNATURE: *[Signature]* MORRIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 941-484-0646  
DATE DAY/MONTH/YEAR

CR2E034 (12/95)