

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:30

DOCUMENT # **L52437** (5)

1. Corporation Name
MORGAN REALTY, INC.

Principal Place of Business
ELISHA
C/O ~~LINDA~~ MORGAN
2439 MYRTLE AVE.
SANFORD FL 32771-4448

Mailing Address
ELISHA
C/O ~~LINDA~~ MORGAN
2439 MYRTLE AVE.
SANFORD FL 32771-4448

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1990** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2997723** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

MORGAN, LINDA
2439 MYRTLE AVE.
SANFORD FL 32771-4448

10. Name and Address of New Registered Agent

81. Name **ELISHA MORGAN**

82. Street Address (P.O. Box Number is Not Acceptable)
2439 MYRTLE AVE

83.

84. City **SANFORD** FL 85. Zip Code **32771**

11. Pursuant to the provisions of Sections 607.054(2) 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: *Linda Morgan* 1/19/95

12. OFFICERS AND DIRECTORS

1. TITLE: **PO**

2. NAME: **MORGAN, LINDA**

3. STREET ADDRESS: **2439 MYRTLE**

4. CITY, ST, ZIP: **SANFORD FL**

5. TITLE:

6. NAME:

7. STREET ADDRESS:

8. CITY, ST, ZIP:

9. TITLE:

10. NAME:

11. STREET ADDRESS:

12. CITY, ST, ZIP:

13. TITLE:

14. NAME:

15. STREET ADDRESS:

16. CITY, ST, ZIP:

17. TITLE:

18. NAME:

19. STREET ADDRESS:

20. CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

2. NAME: **PISTTD MORGAN, ELISHA**

3. STREET ADDRESS: **2439 MYRTLE AVE**

4. CITY, ST, ZIP: **SANFORD, FL 32771** Change Addition

5. TITLE:

6. NAME:

7. STREET ADDRESS:

8. CITY, ST, ZIP:

9. TITLE:

10. NAME:

11. STREET ADDRESS:

12. CITY, ST, ZIP:

13. TITLE:

14. NAME:

15. STREET ADDRESS:

16. CITY, ST, ZIP:

17. TITLE:

18. NAME:

19. STREET ADDRESS:

20. CITY, ST, ZIP:

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.021(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 under oath. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Section 607.031, Florida Statutes, and that my name appears in block 12 or block 13 of this report, or on an attachment with an address.

SIGNATURE: *Linda Morgan*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/19/95 (407) 321-6762