

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L52437 (5)**

1. Corporation Name
MORGAN REALTY, INC.



Principal Place of Business: ~~ELISHA MORGAN~~ 2439 MYRTLE AVE. SANFORD FL 32771-4448 US
Mailing Address: ~~ELISHA MORGAN~~ 2439 MYRTLE AVE. SANFORD FL 32771-4448 US

3. Date Incorporated or Qualified: **02/21/1990**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **59-2997723**
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: **21 c/o Linda Morgan**
Suite, Apt. #, etc.:
City & State:
Zip: **24** Country: **25**
2a. Mailing Address: **26 c/o Linda Morgan**
Suite, Apt. #, etc.:
City & State:
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
MORGAN, ELISHA
2439 MYRTLE AV
SANFORD FL 32771

10. Name and Address of New Registered Agent
81 Name: **Morgan, Linda**
82 Street Address (P.O. Box Number is Not Acceptable): **2439 Myrtle Avenue**
83 City: **Sanford, FLA 32771**
84 City: **FL** 85 Zip Code: **32771**

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: *Linda Morgan* Treas/Director DATE: **3/11/96**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, ELISHA	
STREET ADDRESS	2439 MYRTLE AV	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD	
1.3 STREET ADDRESS	MORGAN, LINDA	
1.4 CITY-ST-ZIP	2439 Myrtle Ave.	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD	
2.3 STREET ADDRESS	Janie Morgan	
2.4 CITY-ST-ZIP	2439 Myrtle Avenue	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sanford, FLA 322771	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *E. Morgan* E. MORGAN JAM 15-96 407-321-6762
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #
L. Morgan L. MORGAN JAM 6-96 407-321-6762

CR2E034 (12/95)