

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L56778**

(8)

1. Corporation Name

MORELL STUDIO, INC.



Principal Place of Business

**420 SUNSET ROAD
WEST PALM BEACH FL 33401**

Mailing Address

**420 SUNSET ROAD
WEST PALM BEACH FL 33401**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 9. Name and Address of Current Registered Agent

**MORELL, PATRICK N.
420 SUNSET ROAD
WEST PALM BEACH FL 33401**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

81 Name

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

83

84 City

FL **85** Zip Code

3. Date Incorporated or Qualified

03/13/1990

3a. Date of Last Report

08/01/1995

4. FET Number

65-0202994

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who signed this report as required by Section 607.0102, Florida Statutes.

Signature of the person who signed this report as required by Section 607.0102, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	[] DELETE
NAME	MORELL, PATRICK N.	
STREET ADDRESS	420 SUNSET RD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	[] DELETE
NAME	MORELL, PATRICK N.	
STREET ADDRESS	420 SUNSET RD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS WITHIN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	[] Change [] Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	[] Change [] Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	[] Change [] Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	[] Change [] Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied was true and is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental 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 person or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from that address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Exhibit 1000-8

CR2E034 (12/95)