## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L84186

(0)

MORGA	N MANAGEMENT & LEASIN	IG CO.			
Principal Place of Business 2000 TOWERSIDE TR 1912 MIAMI FL 33138		Mailing Address P O BOX 610395 NORTH MIAMI FL 33261-0395 US			
US				3. Date Incorporated or Qualified 06/29/1990	3a. Date of Last Report 04/29/1996
—ı ''	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		65-0207782	Not Applicable   \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for i     Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Curren			10. Name and Address of New Re	
KNOBEL, MARTIN 81 Name					
1590 N.E. 162 STREET			82 Street A	Ick e Knobel Indress P.O. Box Number is Not Acceptab	le)
SUITE 300			83 2	000 Towerside Twir-	#1912
NUI	RTH MAIMI BEACH FL 33162				
			84 City	_ Miami,	FL 85 Zip Code 33138
11. Pursuant to the provisions of Sections 63,0502 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 it am familiar with, and accept the obligations of Section 607,0005, Florida Statutes.					
SIGNATURE SIMPLE SINGT					
	Signature, typed or by and name of registered at OFFICERS ANI		NOTE: Registered Agent signature r	equired when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE PORTO DE INI 12
<b>12.</b> 10.E	P OFFICERS AND	DELETE		P	Change Addition
NAME	KNOBEL, MARK		4.0.1/4145	- Mark Knobel	** **
STREET ADDRESS	1590 N.E. 162 ST., 300			909 W 47 Street	
City - S1 - 7(P	N. MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP		3140
TITLE	S MADTIN	☐ DELETE	* * *****	S	Change Addition
NAME STREET ADDRESS	KNOBEL, MARTIN   1590 N.E. 162 ST., 300			Martin Knobel	
CHY-ST-ZIP	N. MIAMI BEACH FL 33162			3300 NE 192 St. #11	
THLE	VP	DELETE		Aventura, FL 33180 VP	Change Addition
NAME	KNOBEL, DAVID			David Knobel	•
STREET ADDRESS	15830SW 3RD CT #			16226 Erie Place	
CHY-ST ZIP	PEMBROKE PINES FL	THE RECEIPT		Davie, FL 33331	0
THLE	T   Knobel, Rickie	DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	2000 TOWERSIDE TER., #191:	9	4. 2 NAME 4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33138	<u>.</u>	4.4 CiTY-ST-ZIP		
TILE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City - ST - 7IP		The second	5.4 CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME CIDELL ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			6.4 CITY-ST-ZIP		
	t by certify that the information supplied	with this filing does not qu	alif. for the green has give	ated in Section 119.07(3)(i), Florida Statutes	. I further certify that the
informatic Lam an o appears i	or indicated on this annual report or solfficer or director of the corporation or in Block 12 or Block 13 if changed, or	upplemental annual report the receiver or trustee emp or an attachment with an	is true and accurate and cowered to execute this re address.	aled in Section 19.07(3)), Florida Statute that my signature shall have the same lega oport as required by Chapter 607, Florida S	reflect as if made under oath; that tatutes; and that my name