

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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L84186** (0)

1. Corporation Name
MORGAN MANAGEMENT & LEASING CO.

Principal Place of Business

Mailing Address

**2000 TOWERSIDE TR
1912
MIAMI FL 33138
US**

**P O BOX 610395
NORTH MIAMI FL 33261
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number

65-0207782

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNOBEL, RICKIE
2000 TOWERSIDE TERR
1912
MIAMI FL 33138**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P
NAME KNOBEL, MARK
STREET ADDRESS 909 W 47 ST
CITY - ST - ZIP N. MIAMI BEACH FL**

TITLE ☒ DELETE

**S
NAME KNOBEL, MARTIN
STREET ADDRESS 3300 NE 192 ST 1111
CITY - ST - ZIP AVENTURA FL**

TITLE ☐ DELETE

**VP
NAME KNOBEL, DAVID
STREET ADDRESS 16228 ERIE PL
CITY - ST - ZIP DAVIE FL**

TITLE ☐ DELETE

**T
NAME KNOBEL, RICKIE
STREET ADDRESS 2000 TOWERSIDE TER., #1912
CITY - ST - ZIP MIAMI FL 33138**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

RICKIE KNOBEL

3/27/98

CR2E034 (10/97)