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 # **L96234** **(4)**

1. Corporation Name

MORSS SYSTEMS FLORIDA, INC.

Principal Place of Business

C/O DAVID N. SOWERBY
1626 THUMB POINT DR
FT. PIERCE FL 34949
US

Mailing Address

C/O DAVID N. SOWERBY
1626 THUMB POINT DR.
FT. PIERCE FL 34949
US

3. Date Incorporated or Qualified: **08/27/1990**

3a. Date of Last Report: **03/23/1995**

4. FEI Number: **65-0248037** ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

SOWERBY, DAVID N.
2940 SOUTH 25TH STREET
300 SOUTH 6TH ST.
FORT PIERCE FL 34981

10. Name and Address of New Registered Agent

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 Section 607.1005, 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

Name of New Registered Agent (typed or printed) Date

12. OFFICERS AND DIRECTORS

TYPE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MILLER, PETER M
305 LONSDALE RD
TORONTO ONTARIO CANA
V
☐ DELETE

MILLER, LAURA
305 LONSDALE RD.
TORONTO, ONTARIO
ST
☐ DELETE

SOWERBY, CYNTHIA M
1626 THUMBPOINT DR.
FT. PIERCE FL 34949
☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
☐ Change ☐ Addition

2 TYPE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
☐ Change ☐ Addition

3 TYPE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
☐ Change ☐ Addition

4 TYPE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

5 TYPE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
☐ Change ☐ Addition

6 TYPE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and any attachments, 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: P Miller Feb 23/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)