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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98059

(2)

MORA M	IAX INDUSTRIES, INC.					
Principal Place of Business 10894 OVERSEAS HWY MARATHON FL 33050		Mailing Address 10894 OVERSEAS HWY MARATHON FL 33050-3300		T TOOLIEER HIE JOHO! JOIN ABOUT EINE TOE	ı ardır tildir asətis biları aradı bratır tabis	
					 Date Incorporated or Qualified 09/09/1988 	3a. Date of Last Report 03/25/1996
· · · · · ·	lace of Business	2a. Malling Address			4, FEI Number	Applied For
21		[26]			65-0066186	Not Applicable
Suite, Apt 22		Suite, Apt. # etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28 Z(x)	Country		Trust Fund Contribution	Added to Fees
24	25	29	30		This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, Yes No
	g. Name and Address of Curre		1301		10. Name and Address of New R	
TUR	NER, OTHEL		81	Name		
3741	W. BROWARD BLVD. E 201		82	Street Ad	dress (P.O. Box Number is Not Accepta	ible)
	T LAUDERDALE FL 33312		83			
, 5,,	1 & 10 & 1 (1) max 1 (1) 0 0 0 1 C		84	City		FL 85 Zip Code
11. Pursuant office or ragent 1 a	to the provisions of Sections 6, 7,050 egistered agent or both, in the State in familiar with and accept the oblig	02 and 607.1508, Florida Statut of Florida, Such change was ations of, Section 607.0505, Fl	les, the abov authorized b orida Statute	e-named co the corpor 5.	orporation submits this statement for the alion's board of directors. I hereby acceptance	
SIGNATURE	w					
	Signature type for protect name of major C. 1.3., ZNE GYELDS: AN	PO DIRECTORS (NO.	Flegistered Ag	ent signature red	ADDITIONS/CHANGES TO OFF	DATE
12.	PVTS	DELETE	1,1 Title	Т	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	KOPP, JAMES T. JR.		1.2 NAME			
STREET ADDRESS	314 STIRRUP KEY BLVD.		1.3 STREE	ADORESS		
CHTY - ST - ZIP	MARATHON FL		1.4 CITY-:	17- ZIP		
TITLE	DELETE		21 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREET	ADDRESS		
CITY - ST - 7IP			2 4 CHY-	ST - ZIP		
THILE		L_] DELETE	3.1 THELE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE)
CITY - ST - ZIP		DELETE	3.4 CiTY - 4.1 TiTLE	S1 · ZIP		Change Addition
TITLE NAME		L., Dettie	4. 2 NAME			Onlings Addition
STREET ADDRESS			4.3 STREE	Annance		,
GITV - ST - ZIP			4.4 CITY -	[** •	
TITLE		DELETE	5.1 TITLE) EII		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				AODRESS		
CHY-SI-7:€			5.4 CHTY=:			
Title		DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY - ST - ZIP			6.4 CITY-	ST-ZIP		

14. To 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

James Thoras In Special Printed Name of Signing Officer Shad

1-7-97

(305) 743-2219

FILED

Jan 14 1997 8:00am

Secretary of State