FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010816 (4)**

1. Corporation Name
MORNINGSIDE GROUP, INC.

Principal Place of Business	Mailing Address
4601 HOLLY BRANCH RD #807 ORLANDO FL 32811	4601 HOLLY BRANCH RD #807 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 5100 CHERRY TREE LANE
22: Suite, Apt. #, etc.
23: City & State: ORLANDO, FL.
24: Zip: 32819
25: Country: U.S.A

2a. Mailing Address
26: 5100 CHERRY TREE LANE
27: Suite, Apt. #, etc.
28: City & State: ORLANDO, FL
29: Zip: 32819
30: Country: U.S.A.

4. FEI Number: 59-3231366 ☐ 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

9. Name and Address of Current Registered Agent

LEE, WO Y
4601 HOLLY BRANCH RD
#807
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: LEE, WO YEN
82 Street Address (P.O. Box Number is Not Acceptable): 5100 CHERRY TREE LANE
83:
84 City: ORLANDO FL 85 Zip Code: 32819

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: _____ 4/10/95
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	CPD	1.1 TITLE	CPD	☑ Change ☐ Addition
NAME	LEE, WO Y	1.2 NAME	LEE, WO YEN	
STREET ADDRESS	4601 HOLLY BRANCH RD #807	1.3 STREET ADDRESS	5100 CHERRY TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE	STD	2.1 TITLE	STD	☑ Change ☐ Addition
NAME	LEE, ROSA CHEN S	2.2 NAME	LEE, ROSA CHEN S.	
STREET ADDRESS	4601 HOLLY BRANCH RD #807	2.3 STREET ADDRESS	5100 CHERRY TREE LANE	
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE		3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME		3.2 NAME	LEE, ANGELA	
STREET ADDRESS		3.3 STREET ADDRESS	362 ELM STREET, APT #5	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW HAVEN, CT, 06511	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Wo Yen Lee 4/10/95 407-876-4779
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED Date Daytime Telephone #

0000000 CP