

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000010816 (4)**

1. Corporation Name

**MORNINGSIDE GROUP, INC.**



Principal Place of Business		Mailing Address	
5100 CHERRY TREE LANE #807 ORLANDO FL 32819 US		5100 CHERRY TREE LANE #807 ORLANDO FL 32819 US	
2. Principal Place of Business <b>21 5100 CHERRY TREE LANE</b> Suite, Apt. #, etc. <b>22 -</b>		2b. Mailing Address <b>26 5100 CHERRY TREE LANE</b> Suite, Apt. #, etc. <b>27 -</b>	
City & State <b>23 ORLANDO, FL</b>		City & State <b>28 ORLANDO, FL</b>	
Zip <b>24 32819</b>	Country <b>25 U.S.A.</b>	Zip <b>29 32819</b>	Country <b>30 U.S.A.</b>
9. Name and Address of Current Registered Agent  <b>LEE, WO Y 5100 CHERRY TREE LANE #807 ORLANDO FL 32819</b>			

3. Date Incorporated or Qualified <b>02/09/1994</b>	3a. Date of Last Report <b>04/14/1995</b>
4. FEI Number <b>89-3231366</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name <b>WO YEN LEE</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>5100 CHERRY TREE LANE</b>
83	84 City <b>ORLANDO</b> FL <b>32819</b> 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:

PREZIDENT

(NOTE: Registered Agent signature required when reinstating)

4-27-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LEE, WO Y 5100 CHERRY TREE LANE ORLANDO FL 32819	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEE, ROSA CHEN S 5100 CHERRY TREE LANE ORLANDO FL 32819	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ANGELA 362 ELM STREET, APT. #5 NEW HAVEN CT	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D LEE, ANGELA 124 PONDFIELD ROAD WEST BRONXVILLE, N.Y. 10708</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wo YEN LEE

4-27-96

407-876-4779

Date

Daytime Phone #

CR2E034 (12/95)