

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 # P94000010816 (4)

1. Corporation Name

MORNINGSIDE GROUP, INC.



Principal Place of Business

5100 CHERRY TREE LANE  
#807  
ORLANDO FL 32819  
US

Mailing Address

5100 CHERRY TREE LANE  
#807  
ORLANDO FL 32819  
US

3. Date Incorporated or Qualified  
02/09/1994

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 5100 CHERRY TREE LANE

26 5100 CHERRY TREE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -

27 -

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip 32819

Country U.S.A.

Zip 32819

Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, WO Y  
5100 CHERRY TREE LANE  
#807  
ORLANDO FL 32819

81 Name

WO YEN LEE

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:

*[Signature]*

PRESIDENT

4-27-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD  
NAME LEE, WO Y  
STREET ADDRESS 5100 CHERRY TREE LANE  
CITY-ST-ZIP ORLANDO FL 32819

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME LEE, ROSA CHEN S  
STREET ADDRESS 5100 CHERRY TREE LANE  
CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME LEE, ANGELA  
STREET ADDRESS 362 ELM STREET, APT. #5  
CITY-ST-ZIP NEW HAVEN CT

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D  
LEE, ANGELA  
124 PONDFIELD ROAD WEST  
BRONXVILLE, N.Y. 10708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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]*

WO YEN LEE

4-27-96

407-876-4779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)