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Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000011545 (8)

1. Corporation Name

MORCOSCO FLORIDA DEVELOPMENT, INC.

Principal Place of Business

UNIT 4361, BEACHSIDE II  
SANDESTIN BEACH RESORT  
DESTIN FL 32541

Mailing Address

162 OLD SURREY LANE  
RICHMOND HILL, ONTARIO, CAN.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1994

4. FEI Number

59-3235374

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

L4C7E5

30

Canada

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERRITT, BILLIE J  
2 WEST NELSON AVE.  
DEFUNIAK SPRINGS FL 32433

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 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, 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 P ☐ DELETE

NAME MORCES, BOUTROS  
STREET ADDRESS 162 OLD SURREY LANE  
CITY-ST-ZIP RICHMOND HILL ON

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME MORCOS, BOUTROS

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME MORCES, SOUAD  
STREET ADDRESS 162 OLD SURREY LANE  
CITY-ST-ZIP RICHMOND HILL ON

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME MARCOS, SOUAD

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME EL-HAJJ, COLETTE

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME KHREICH, Antoinette

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME MARCOS FAYEZ

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME MARCOS RULA

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

10/1/98 REQUIRED

JAN. 15, 98

CR2E034 (10/97)