

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90153 016 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000011545**

1. Corporation Name  
**MORCOSCO FLORIDA DEVELOPMENT, INC.**

Principal Place of Business <b>UNIT 4361, BEACHSIDE II SANDESTIN BEACH RESORT DESTIN FL 32541</b>	Mailing Address <b>162 OLD SURREY LANE RICHMOND HILL, ONTARIO, CAN. L4C 7-5 CA</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/10/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MORCOS, BOUTROS</b>	
STREET ADDRESS	<b>162 OLD SURREY LANE</b>	
CITY-ST-ZIP	<b>RICHMOND HILL ON</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MORCOS, SOUAD</b>	
STREET ADDRESS	<b>162 OLD SURREY LANE</b>	
CITY-ST-ZIP	<b>RICHMOND HILL ON</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EL-HAJJ, COLETTE</b>	
STREET ADDRESS	<b>4 TIFFANY GATE</b>	
CITY-ST-ZIP	<b>RICHMOND HILL ON L4C 6</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KHREICH, ANTOINETTE</b>	
STREET ADDRESS	<b>162 OLD SURREY LANE</b>	
CITY-ST-ZIP	<b>RICHMOND HILL ON L4C 7</b>	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORCOS, FAYEZ</b>	
STREET ADDRESS	<b>162 OLD SURREY LANE</b>	
CITY-ST-ZIP	<b>RICHMOND HILL ON L4C 7</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORCOS, RULA</b>	
STREET ADDRESS	<b>162 OLD SURREY LANE</b>	
CITY-ST-ZIP	<b>RICHMOND HILL ON L4C 7</b>	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)