SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012721 (4)

M.O.R., INC.



Principal Place of Business Mailing Address						
P.O. BOX 330846 ATLANTIC BEACH FL 32233		P.O. BOX 330846 ATLANTIC BEACH FL :	P.O. BOX 330846 ATLANTIC BEACH FL 32233			
AIDMING DE	101112 02200	Albanino genori le s			3. Date Incorporated or Qualified 02/16/1994	3a. Date of Last Report 07/10/1995
2. Principal Pi	ace of Business	2a. Mai'ng Address			4. FEI Number	Applied For
		26			59-3225188	Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Coun	try	8. This corporation has liability for in	ntangib <u>le t</u> ax under s. 199.032,
4	25	29	30		Flonda Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent		271 17	10. Name and Address of New Reg	pistered Agent
ORSER, MARY				B1 Name		
	NINTH ST.		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
ATI	ANTIC BEACH FL 32233		ŀ	83		
			'	,,,		
			[1	84 City		FL 85 Zip Code
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	ST	L DELETE	11111	.f. /	PRESIDENT	
NAME	ORSER, MARY C		1 2 NA!	VIE /	RICHARP NOORE 376 91H ST ATCHMIN BEACH	
STREET ADDRESS	376 9 STREET			REET ADDRESS	ATIMATIC BEACH	F6 33233
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STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	1	The state of the s		Y-ST-ZIP	alify for the exemption stated in Section 1	10.07/20/kg Florida Statulas

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)(6). Florida Statules 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: RICLIARD MODRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR