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

PROFIT CORPORATION ANNUAL REPORT



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

ANNOAL NEI ONT	
1996	

DOCUMENT #

P94000013336 (0)

MORS	SE COMMUNICATIONS, IN	C.								
Principal Place	of Business	Mailing Address				.BF 118 10111 B1811 \$8111 B8	(1)	*** 111 51 111	ED 11:10 Báll (DÚI	
2529 FULTO MELBOURN		2529 FULTON COURT MELBOURNE FL 32935	5							
					3. Date Incom 02/15	porated or Qualified /1994		of Last Re 4/04/19		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numbe	er			Applied For	
21		26			59-3	227629		1	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			of Status Desired			Additional	
22 Otto P. Chate		27	67. 0.00			Fee Required				
City & State	U	28 28	City & State			6. Election Campaign Financing \$5.00 May Be				
Zip	Country	Zip	- L			Added to Fees				
24	25	29	30			8. This corporation has liability for intangil⊌to tax under s 199.032, Florida Statutes ☐ Yes 7 No				
	9. Name and Address of Curre		1441			Address of New F		gent		
			81	Name						
COSTE	ELLO, MICHAEL J		82	Stroot	Address (P.O. Box Nur	mbor is Not Acceptal	blo)			
2529 F	ULTON COURT		02	Sileet	Address (F.O. Dox Non	liber is Not Acceptat	Siej			
MELBO	JURNE FL 32935		83							
			84	City				85 Zig	o Code	
				L		· · · · · · · · · · · · · · · · · · ·	FL			
or register	to the provisions of Sections 607.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was authorize	s, the above- id by the corp	named c coration's	orporation submits this board of directors. The	statement for the pu reby accept the app	rpose of char pointment as r	nging its re registered	agistered office agent. I am	
SIGNATURE .										
	Signature, typed or printed name of registered age			nt sigmature	required when reinstating)		DATE			
12.	OFFICERS A	ND DIRECTORS	13.			S/CHANGES TO OFF				
TITLE	COSTELLO, MICHAEL J	☐ DELETE	1. 1 TOLE		NP Annette Cost	مالم	N.	7 Change	Addition	
NAME	2529 FULTON COURT		1.2 NAME		2529 Fulton	Court				
STREET ADDRESS	MELBOURNE FL	,	1.3 STREET ADDRESS		2521 FULLUI	~ 330 3 km				
CITY-ST-ZIP TITLE	VP VP	DZ DELETE	1.4 CITY-	ST-ZIP	Melbourne,	FL 32133		7 05	En Adele-	
NAME	COSTELLO, PATRICIA A	₩ pereis	2 1 TITLE				L] Change	Addition Addition	
STREET ADDRESS	1702 WEST SHORES ROA	n	2.2 NAME							
	MELBOURNE FL	/		T ADDRESS						
CITY-ST-ZIP TITLE	S	TO DELETE	2.4 CITY - : 3.1 TITLE	SI-ZIP				Change	☐ Addition	
NAME	COSTELLO, JACK A	La percent	3 2 NAME				Ĺ) Unange	☐ Yaqqqqqi	
STREET ADDRESS	1702 WEST SHORES ROA	D		1 ADDRESS						
CITY-ST-ZIP	MELBOURNE FL	_	3.4 City-							
TITLE	T	DELETE	4 1 TITLE					Change	Addition	
NAME	COSTELLO, ANNETTE	~	42 NAME				L	,		
STREET ADDRESS	2529 FULTON COURT			ADDRESS						
CITY - ST - ZIP	MELBOURNE FL		4 4 CITY-							
TITLE		☐ DELFTE	5 1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			5.4 CITY-5							
TITLE		☐ DELETE	5 1 TITLE				Ē] Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ADDRESS	}					

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 or an all chiment with an address.

6 4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 400 259 8469