

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P94000037356 (0)**

95 MAY - 1 PM 3: 23

1. Corporation Name  
**MORCOM, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**8025 SW 14TH TERRACE  
MIAMI FL 33144**

**8025 SW 14TH TERRACE  
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/16/1994</b>	3a. Date of Last Report <i>None Written</i>
4. FEI Number <b>65-0499003</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Changed Purpose of Business	2a. Mailing Address
21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**MORRISON, PATRICK  
8025 SW 14TH TERRACE  
MIAMI FL 33144**

**10. Name and Address of New Registered Agent**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: *Patrick A. Morrison* DATE: *4/30/95*

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>MORRISON, PATRIC</b>
STREET ADDRESS	<b>8025 SW 14TH TERRACE</b>
CITY, ST, ZIP	<b>MIAMI FL 33144</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12**

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE	
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. TITLE	
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. TITLE	
27. NAME	
28. STREET ADDRESS	
29. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. TITLE	
31. NAME	
32. STREET ADDRESS	
33. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. TITLE	
35. NAME	
36. STREET ADDRESS	
37. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 130.07(3)(b), Florida Statutes. I further certify that the information included 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 individual is further empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment to this filing.

SIGNATURE: *Patrick A. Morrison* DATE: *4/30/95* 305-261-6123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR