FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000048859 (0)

1. THE OLD MORGAN, INC.

2180 WEST FIRST ST.
FORT MYERS FL 33901

2180 WEST FIRST ST.
FORT MYERS FL 33901

3. 06/30/1994

3a.

4. FEI Number 65-0537692 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. This corporation has liability for unpaid tax under Florida Statutes — Yes / No: X

21 / 22 / 23 / 24 / 25

26 2180 WEST FIRST ST
27 SUITE 500
28 FORT MYERS FL
29 33901 30 US

9. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N
1415 HENDRY ST.
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

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 Section 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACK, KIM
STREET ADDRESS	2180 WEST FIRST ST.
CITY, ST, ZIP	FORT MYERS FL 33901
TITLE	D
NAME	COUCH, RICHARD G
STREET ADDRESS	2180 WEST FIRST ST.
CITY, ST, ZIP	FORT MYERS FL 33901

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD — X Change / Add
NAME	JACK, KIM
STREET ADDRESS	2180 WEST FIRST ST
CITY, ST, ZIP	FORT MYERS FL 33901
TITLE	Change / Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	Change / Add
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or on any attachment with an address.

SIGNATURE: 04/27/95 813/337-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIM JACK, DIRECTOR

0310322 CP