

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000056271 (7)**

1. Corporation Name  
**MORSE TECHNOLOGIES, INC.**

Principal Place of Business  
**6900 PHILLIPS HWY.  
SUITE 8  
JACKSONVILLE FL 32216**

Mailing Address  
**6900 PHILLIPS HWY.  
SUITE 8  
JACKSONVILLE FL 32216-8057**



2. Principal Place of Business  
21 **1133 North Dixie Freeway**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **1133 North Dixie Freeway**  
Suite, Apt. #, etc.

23 **New Smyrna Beach, FL**  
City & State  
24 **32168** Zip  
25 **Volusia** Country

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City & State  
28 **32168** Zip  
29 **Volusia** Country

3. Date Incorporated or Qualified **06/01/1994**  
3a. Date of Last Report **04/03/1996**

4. FEI Number **59-3255822**  
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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SLAGLE, SUSAN  
4190 BELFORT ROAD  
SUITE 240  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name **Bill O'Leary**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Rogers, Towers, Bailey, Jones & Gay**  
83 **1301 Riverplace Blvd., Suite 1500**  
84 City **Jacksonville** FL 85 Zip Code **32207**

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 **W. A. O'Leary** **William A. O'Leary** **Attorney**  
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

DATE **4/4/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MORSE, MARK E</b>	
STREET ADDRESS	<b>6900 PHILLIPS HWY., SUITE 8</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1133 North Dixie Freeway</b>
1.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034781

CR2E034 (9/96)