

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002208 (3)

1. Corporation Name

MORSE FIVE INC.



Principal Place of Business

Mailing Address

3842 S ORANGE BLOSSOM TR
ORLANDO FL 32839

3842 S ORANGE BLOSSOM TR
ORLANDO FL 32839

2. Principal Place of Business

2a. Mailing Address

21 3842 SOUTH O.B.T.

26 3842 SOUTH O.B.T.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32839

25 USA

29 32839

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/10/1995

3a. Date of Last Report

4. FEI Number

59-3301737

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 ☐

10. Name and Address of New Registered Agent

-BARCO, CARROLL S
6220 S ORANGE BLOSSOM TR
SUITE 194
ORLANDO FL 32809

81 Name

ROBERT E. OWENS

82 Street Address (P.O. Box Number is Not Acceptable)

4853 SOUTH ORANGE AVENUE

83

84 City

ORLANDO

FL

85 Zip Code

32806

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, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert E. Owens

ROBERT E. OWENS

5/14/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME MORSE, BEN
STREET ADDRESS 3842 S ORANGE BLOSSOM TR
CITY-ST-ZIP ORLANDO FL 32839

TITLE SEC/TREAS
NAME MELBA SUE MORSE
STREET ADDRESS 3842 SOUTH O.B.T.
CITY-ST-ZIP ORLANDO, FL 32839

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

BEN T. MORSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BEN T. MORSE

4/29/96

407 422 5558

CR2E034 (12/95)