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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	MENT # P96000 G MORASCH, INC.	0069615 (8)			
Principal Place of Business 9018 STAR ISLAND WAY HOBE SOUND FL 33455		Mailing Address 4360 NORTHLAKE BLVD #205 PALM BCH FL 33410 US			DO NOT WRITE IN THIS SPACE
5 Principal P	lace of Business	2a. Mailing Address	<del> </del>		3. Date Incorporated or Qualified 08/15/1996
	1809 OF DUSINESS	Fi	26. Walling Address		4. FEI Number Applied For 65-0688400 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.		60.75
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
l ZiD	Country	Zip	Country	/	8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. Yes No
	g, Name and Address of Current	Registered Agent		T	10. Name and Address of New Registered Agent
	RTIN E. WASHOFSKY, E.A., P.A.		81	Name	
4360 NORTHLAKE BLVD Suite 205			82	1	Address (P.O. Box Number is Not Acceptable)
PA PA	LM BEACH GARDENS FL 33410		83		
			84	City	FL 85 Zip Code
agent.ia	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mitamiliar with, and accept the obligat	and 607.1508, Florida <b>Stat</b> utes of Florida. Such change was au lions of, Section 607.0505, Flori	s, the above thorized by ida Statute	e-named y the corp s.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	Lano trile if applicable (NOTE)	Registered Apr	arulagoria los	e required when reinstaing) DATE
12.			13.	an agnote.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELET <b>E</b>	1.1 TITLE		Change Addition
NAME	MORASCH, LUDWIG		1.2 NAME		
STREET ADDRESS			1.3 STREET	ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CITY - S	T- ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	1
CITY-ST-ZIP			2. 4 CITY - S	ST - ZiP	
TITLE	L] DELETE 3.1 TI		3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP		DELETE	3.4. CITY - 9	ST-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME expert aponces			4. 2 NAME	. 222500	•
STREET ADORESS			4.3 STREET		
CITY-ST-ZIP TITLE			4.4 CITY-S 5.1 TITLE	T- ZIP	☐ Change ☐ Addition
NAME			5.2 NAME		Change C Addition
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S		
TITLE		DELETE	6.1 TITLE	LH	Change Addition
MAME			62 NAME	- 1	

14. I 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 suppliemental 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.

SIGNIATION L' Morand

STREET ADDRESS

Luoure 1

MONASCH DIK

63 STREET ADDRESS

1/16/98 321-694-244

**FILED** 

Mar 16 1998 8:00am

Secretary of State