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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087014

1. Corporation Name

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90044 042 ***150.00

MORPHO	O CORPORATION					,				
Principal Place	of Business	Mailing Address						981#1 UEFE) 10)
1255 BELLE AV	/ENUE	1048 PETAL COURT	1048 PETAL COURT							
172 ORLANDO FL 32818										
WINTER SPRINGS FL 32708							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 10/21/1996			
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		At	oplied For
21		26					59-3413960			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional
22		27								equired
City & State	e	City & State				-	6." Election Campaign Financing			May Be
23		Zip Country					Trust Fund Contribution			to Fees
Zip	Country	⊢ '				8. This corporation owes the current year Intangible Personal Property Tax.				
24	25 Address of Current		30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent				81	Name		10. Haire and Padress of Hearts	g.0.0.00 / c		
), HEUNG K 3 PETAL COURT				Street A	ddres	ess (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32818							<u> </u>			
					City			FJ	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes							and a submitted this statement for the su		hanaina ita	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	it Florida. Such change was aut	honzed	hv t	the corpo	ration	's board of directors. I hereby accept t	he appoint	ment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 8	Penisterad	Agent	t sinnature re	raulted w	vhen reinstating)	DATE		
12.	OFFICERS ANI		13.	/ .go	. o.g.ta.a.o to	42	ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
TITLE	P	☐ DELETE 1.1 TI				D			Change	Addition
NAME	CHO, HEUNG K	1.2 NA			1.2 NAME		on HVUN Moon			į
STREET ADDRESS	1048 PETAL COURT	1.3 \$7			1.3 STREET ADDRESS		in, Hyun Moon Eighth Aue New)	Ork .	114 10	036
CITY-ST-ZIP	ORLANDO FL 32818	1			1.4 CITY-ST-ZIP		Cigana il C pico.		•	-
TITLE	٧	☐ DELETE							Change	Addition
NAME	YORK, STANLEY J		2.2 NA							1
STREET ADDRESS	3967 QUEEN ANNE DR	: DR 235			ADDRESS					[
CITY-ST-ZIP	0.01 1.10 0.01 0.00 0.00 0.00 0.00 0.00			TY-ST	T-ZIP					2
TITLE	D DELETE 3.1 TI			lE.			,		Change	☐ Addition
NAME	SIM, JAE S	M, JAE S								
STREET ADDRESS	3728 GATLIN PLACE CIRCLE				ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32812				f-ZIP					
TITLE		☐ DELETE	ELETE 4.1 TITL						Change	☐ Addition
NAME			4.2 NAME		- 1					1
STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP			4.4 CITY-		r-ZIP	_				
TITLE		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME			52 NA	ME	İ					1
STREET ADDRESS			5.3 ST	REET	ADDRESS					ļ.,
CITY-ST-ZIP			5.4 CIT		T-ZIP					
TITLE	-	☐ DELETE	6.1 TIT	LE	Ţ				☐ Change	☐ Addition
NAME			6.2 NA	ME	-					. ļ
STREET ADDRESS				REET	ADDRESS					į
			0.4.00	V 6T	- 750					!

CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: