

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # S60202 (6)
1. Corporation Name
MORGRAN COMPANY



Principal Place of Business: **C/O KPMG PEAT MARWICK, 111 N. ORANGE AVE., STE 1600, ORLANDO FL 32801, US**
Mailing Address: **C/O KPMG PEAT MARWICK, 111 N ORANGE AVE., STE. 1600, ORLANDO FL 32801, US**

2. Principal Place of Business: **21 C/O James, Parks, Tschoopp & Whitcomb, Suite, Apt. #, etc. #330, 22 2600 Maitland Ctr Pkwy, 27 Suite 330, City & State**
2a. Mailing Address: **26 C/O J P T & W, Suite, Apt. #, etc. 27 2600 Maitland Ctr Pkwy, Suite 330, City & State**
23 **Maitland, FL**
28 **Maitland, FL**
24 **32751** 25 **USA** 29 **32751** 30 **USA**

3. Date Incorporated or Qualified: **06/17/1991** 3a. Date of Last Report: **04/14/1995**
4. FFL Number: **59-3079517** 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: **CAPITAL CONNECTION, INC., 417 E. VIRGINIA STREET, SUITE 1, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: **81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code**

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: _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when fee is not paid) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DAVID	1.2 NAME	
STREET ADDRESS	15 MURRICH ST. #1104	1.3 STREET ADDRESS	15 McMurrich St. #1104
CITY-ST-ZIP	ONTARIO, CANADA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, LINDA	2.2 NAME	
STREET ADDRESS	111 N ORANGE AVE #1600	2.3 STREET ADDRESS	2600 Maitland Ctr Pkwy #330
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *D Walker* **March 14/96** 416-925-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Print Name)

CR2E034 (12/95)