

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S65994 (3)

1. Corporation Name  
MORI LEE INC.



Principal Place of Business  
1521 W. COPANS ROAD  
POMPANO BEACH FL 33064

Mailing Address  
1521 W. COPANS ROAD  
POMPANO BEACH FL 33064-1513

3. Date Incorporated or Qualified 07/15/1991  
3a. Date of Last Report 02/12/1996

2. Principal Place of Business 2a. Mailing Address  
21 6101 Park of Commerce Blvd Suite, Apt. #, etc.  
22 Suite, Apt. #, etc.

4. FEI Number 22-2128592  
Applied For Not Applicable

23 Boca Raton FL 28 Boca Raton FL  
City & State City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 33487 25 USA 29 33487 30 USA  
Zip Country Zip Country

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

10. Name and Address of New Registered Agent

WOLFSON, WILLIAM  
1521 W. COPANS ROAD  
POMPANO BEACH FL 33064

Address Change

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 Boca Raton FL 85 33487

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, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME UDELL, MITCHELL  
STREET ADDRESS 300 WEA, APT 3B  
CITY - ST - ZIP NEW YORK NY  
TITLE VPS  
NAME UDELL, AMY  
STREET ADDRESS 17 EAST 84TH STREET  
CITY - ST - ZIP NEW YORK NY  
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 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: X Mitchell Udell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)