05-04-1999 90189 024 ***150.00

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 # 353332

1. Corporation Name

MORTON'S MARKET, INC.

· <u>·</u>														
Principal Place	e of Business		ailing Address					ļ						
306 GOLDEN GATE PT			P O BOX 2827											
7 SARASOTA FL 34230-827 SARASOTA FL 34236 US									DO NOT WRITE IN THIS SPACE					
US								3.	. Date Incorporated or Qualifed					
									10/03/1969					
2. Principal Place of Business			2a. Mailing Address					4.	. FEI Number	Applied For			plied For	
21			26						59-1271329		Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Addition						
22			27					<u> </u>			F	ee Re	quired -	
City & State			City & State					6.	. Election Campaign Financing		\$5.00 May Be			
23								Trust Fund Contribution Added to Fees					o Fees	
Zip ─_	Country	\vdash	Zip		ountr	У		8.	. This corporation owes the curr	ent year Inta	ingible Ye □		□No	
24	25	29		30	_			10	Personal Property Tax. Name and Address of New F	Pagistared :		5		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	it Kegis	tered Agent		8	1 1	Name	10.	, Italie and Address of Item i	register ou i	·go.ic			
MOE	rton Jr,e w				Ľ	Ί.								
306 GOLDEN GATE PT			•			2 5	Street Addres	fress (P.O. Box Number is Not Acceptable)						
7	COLDEN CAME ! !				8:	3								
SARASOTA FL 34236			•		"	٦								
wind the first of the control						4 (City				85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes							amad como	FI			rhandi	ina its	registered	
office or r	egistered agent, or both, in the State	of Florid	la. Such change was a	authonz	ed by	y the	amed corporation	's bo	oard of directors. I hereby acces	of the appoir	tment	as re	gistered	
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, Flo	orida St	atute	s.								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title i	f applicable (NOT)	F: Pagista	rad An	ont sic	nature required v	when :	reinstation)	DATE				
12.	OFFICERS AN			1		on on	griato-re-re-re-re-re-re-re-re-re-re-re-re-re-		ADDITIONS/CHANGES TO OF		D DIR	ECTO	RS IN 12	
TITLE	CD		☐ DELETE		TITLE								Addition	
NAME	MORTON JR,E W			1,2	NAME									
STREET ADDRESS	AND COLDEN OATE DT LINET 7		1.3 5		1.3 STREET ADDRESS									
CITY+ST-ZIP	SARASOTA FL 34236						1.4 CITY-ST-ZIP							
TITLE	PD	☐ DELETE		TITLE	•					□ Cł	nange	Addition		
NAME	MORTON III,E W		23	2.2 NAME										
STREET ADDRESS	304 BEACH RD UNIT 2A				2.3 STREET ADDRESS									
CITY-ST-ZIP	SARASOTA FL 34242				4 CITY									
TITLE	D	☐ DELETE			TITLE						C	nange	☐ Addition	
NAME	MORTON,P F	TON.P F		3.2	3.2 NAME									
STREET ADDRESS	306 GOLDEN GATE PT UNIT 7	•		3.3	STRE	ET AD	DRESS							
CITY-ST-ZIP	SARASOTA FL 34236			3.4	. CITY-	-ST-Z	DP							
TITLE			☐ DELETE	4.	TITLE		1				□ CI	nange	☐ Addition	
NAME				4.	2 NAME	E	1							
STREET ADDRESS				4.3	STRE	ET AD	DRESS							
CITY-ST-ZIP				4.4	CITY-	ST-Z	ıp							
TITLE			☐ DELETE	_	TITLE							nange	Addition	
NAME				5.2	NAME	Ξ								
STREET ADDRESS				5.3	STRE	ET AD	DRESS							
CITY-ST-ZIP				5.4	CITY-	ST-ZI	P (
TITLE		***	☐ DELETE	6.	TITLE						□cı	nange	Addition	
NAME				6.2	NAME	Ē								
OTDEET ADDESSO				6.3	STRF	FTAD	ORESS							

CITY-ST-ZIP 14. 1 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.

6.4 CfTY-ST-ZIP

941-366-1771

CR2E034 (11/98)