FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **607966** **(9)**

1. Corporation Name

MORTON'S ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3035 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	3035 TAMIAMI TRAIL PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1979
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1911370 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability or 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
WAKSLER, MORTON 142 SE LELAND ST. PORT CHARLOTTE FL 33952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	V	☒ Change ☐ Addition
NAME	WAKSLER, MORTON	12 NAME	Waksler, Morton	
STREET ADDRESS	142 SE LELAND ST.	13 STREET ADDRESS	142 SE Leland St.	
CITY ST ZIP	PORT CHARLOTTE FL	14 CITY ST ZIP	Port Charlotte FL 33952	
TITLE	STD	21 TITLE	PD	☒ Change ☐ Addition
NAME	WAKSLER, BARBARA	22 NAME	Waksler, Barbara	
STREET ADDRESS	142 SE LELAND ST.	23 STREET ADDRESS	142 SE Leland St.	
CITY ST ZIP	PORT CHARLOTTE FL	24 CITY ST ZIP	Port Charlotte FL 33952	
TITLE	V	31 TITLE	PD	☒ Change ☐ Addition
NAME	WAKSLER, JOSEPH	32 NAME	Waksler, Joseph	
STREET ADDRESS	2181 TAI PEI CT.	33 STREET ADDRESS	2181 Tai Pei Ct.	
CITY ST ZIP	CHARLOTTE HARBOR FL	34 CITY ST ZIP	Charlotte Harbor FL 33983	
TITLE		41 TITLE	S	☐ Change ☒ Addition
NAME		42 NAME	Waksler, Geri	
STREET ADDRESS		43 STREET ADDRESS	2181 Tai Pei Ct.	
CITY ST ZIP		44 CITY ST ZIP	Charlotte Harbor FL 33983	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: _____ Geri Waksler, Secy. 4/26/95 (813)637-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0329964 CP