FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated or Qualified: **01/19/1979**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1911370** ☐ 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. Is the corporation tax-exempt, for income tax purposes, under s. 199.032 Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WAKSLER, MORTON
142 SE LELAND ST.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: BARBARA WAKSLER (WIFE)
82 Street Address (P.O. Box Number is Not Acceptable): 142 S.E. LELAND ST
83
84 City: PORT CHARLOTTE FL 85 Zip Code: 33952

11. Pursuant to the provisions of Section 607.0502 and 607.1005, 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. The corporation's Board of directors has authorized the appointment of registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Barbara Waksler, Pres. DATE: 3-20-96

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	WAKSLER, MORTON	
STREET ADDRESS	142 SE LELAND ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	PD	☐ DELETE
NAME	WAKSLER, BARBARA	
STREET ADDRESS	142 SE LELAND ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	☐ DELETE
NAME	WAKSLER, JOSEPH	
STREET ADDRESS	2181 TAI PEI CT.	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	S	☐ DELETE
NAME	WAKSLER, GERI	
STREET ADDRESS	2181 TAI PEI CT.	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
45 TITLE	☐ Change ☐ Addition
46 NAME	
47 STREET ADDRESS	
48 CITY-ST-ZIP	
49 TITLE	☐ Change ☐ Addition
50 NAME	
51 STREET ADDRESS	
52 CITY-ST-ZIP	
53 TITLE	☐ Change ☐ Addition
54 NAME	
55 STREET ADDRESS	
56 CITY-ST-ZIP	
57 TITLE	☐ Change ☐ Addition
58 NAME	
59 STREET ADDRESS	
60 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this report is true, accurate, and complete. I further certify that the information indicated on this report or supplemental 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 with an indication that I am an officer or director.

SIGNATURE: Barbara Waksler BARBARA WAKSLER 2-16-96 941-625-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number