

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740113 (6)
1. Corporation Name

THE MORIKAMI, INC.



Principal Place of Business

4000 MORIKAMI PARK ROAD
DELRAY BEACH FL 33446

Mailing Address

4000 MORIKAMI PARK ROAD
DELRAY BEACH FL 33446

3. Date Incorporated or Qualified
09/13/1977

3a. Date of Last Report
10/02/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number
59-1767023

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

10. Name and Address of New Registered Agent

MALHOTRA, THRITY
4000 MORIKAMI PARK RD.
DELRAY BEACH FL 33446

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-14-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
EZZES, JUDITH A
4800 N. FEDERAL HWY., STE 302A
BOCA RATON FL 33431

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
SWANK, STEPHEN
777 E ATLANTIC AVE #100
DELRAY BEACH FL 33444

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
STROUD, NANCY
ONE LINCOLN PLACE 1900 GLADES RD. #350
BOCA RATON FL 33431

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SIMON, ALEXANDER
777 E. ATLANTIC AVE., STE. 320
DELRAY BEACH FL 33444

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MALONE, RICHARD
333 SW 12TH AVE.
DEERFIELD BEACH FL 33442

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MIHORI, JAMES S
P.O. BOX 34 N/A/
DELRAY BEACH FL 33447

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/96 407-495-0233 X203

CR2E037 (12/95)