

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 22 1997 8:00am  
Secretary of State

DOCUMENT # 740113 (6)

1. Corporation Name

THE MORIKAMI, INC.

Principal Place of Business

Mailing Address

4000 MORIKAMI PARK ROAD  
DELRAY BEACH FL 33446

4000 MORIKAMI PARK ROAD  
DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1977

3a. Date of Last Report

05/20/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

TITLE STD ☐ DELETE

NAME EZZES, JUDITH A  
STREET ADDRESS 4800 N. FEDERAL HWY., STE 302A  
CITY-ST-ZIP BOCA RATON FL 33431

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 770 East Atlantic Avenue  
1.4 CITY-ST-ZIP Delray BEach, Florida 33483

TITLE TD ☐ DELETE

NAME SWANK, STEPHEN  
STREET ADDRESS 777 E ATLANTIC AVE #100  
CITY-ST-ZIP DELRAY BEACH FL 33444

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 309 Northeast First Street  
2.4 CITY-ST-ZIP Delray Beach, Florida 33483

TITLE PD ☐ DELETE

NAME STROUD, NANCY  
STREET ADDRESS ONE LINCOLN PLACE 1800 GLADES RD. #350  
CITY-ST-ZIP BOCA RATON FL 33431

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME SIMON, ALEXANDER  
STREET ADDRESS 777 E. ATLANTIC AVE., STE. 320  
CITY-ST-ZIP DELRAY BEACH FL 33444

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME MALONE, RICHARD  
STREET ADDRESS 333 SW 12TH AVE.  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MIHORI, JAMES S  
STREET ADDRESS P.O. BOX 34 N/A/  
CITY-ST-ZIP DELRAY BEACH FL 33447

6.1 TITLE ☐ Change ☐ Addition

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 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 REQUIRED

09-17-97

CR2E037 (4/97)