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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # F95000002296

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90166 035 ***150.00

Corporation Halfile	
MORTON'S OF CHICAGO/ORLANDO, INC.	

Principal Place	e of Business	Mailing Address			ì						
or. Phillips M	KT. PLACE	350 WEST HUBBARD STRE	ET								
600 DR. PHILLI		SUITE 610			ľ	DO NO	OT WRITE II	N THIS S	SPACE		
ORLANDO FL 32819 US		CHICAGO IL 60610 US	CHICAGO IL 60610			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
19		us)/19 <u>95</u>	tuanieu	·			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI N	umber				Applied For	
जी ं		26			56-18	338091		_		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			£ 0-416	Chatus Da	sired	1	\$8.75	Additional	
2		27			J. Ceraid	ate of Status De	\$11 0	, 	Fee F	Required	
City & State	e	City & State			6. Election	on Campaign Fin	ancing _		\$5.00	May Be	
3		28			,	Fund Contributio		1	Added	to Fees	
Zip	Country	Zip	Count	ry	8. This c	orporation owes	the current	year Inta	ngible		
4	25	29	30		Perso	nal Property Tax			☐ Yes	ØNo _	
	9. Name and Address of Current		<u></u>		10. Name	and Address	f New Regi	stered A	gent		
			[8	11 Name							
CT	CORPORATION SYSTEM		ļ.,	<u> </u>	(D.O. D-	Niconda and Salah	Angostoblo				
1200	SOUTH PINE ISLAND ROAD			32 Street	Address (P.O. Bo	x Number is Not	Acceptable;	,			
PLAN	ITATION FL 33324		-	33							
_			1								
			[8	34 City				FL	85 Zip	Code	
						(a. atric	4 for the our		<u> </u>	te registered	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607,1508, Florida Statut f Florida. Such change was a	es, the about thorized b	ove-named by the corp	oration's board of	directors. I herel	by accept the	e appoint	tment as	registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statut	es.							
SIGNATURE											
	Signature, typed or printed name of registered agent		 _	gent signature	required when reinstating			DATE AND	DIRECT	ODE IN 12	
12.	OFFICERS AND	DIRECTORS	13.		ADDIT	ONS/CHANGES					
	OFFICERS AND		13. 1.1 TITL	 E	ADDIT	ONS/CHANGES	TO OFFICE		DIRECT		
12. TITLE NAME	OFFICERS AND PCD WALTERS, THOMAS J	DIRECTORS	13.	 E	ADDITI	ONS/CHANGES	TO OFFICE	ERS AND			
TITLE	PCD WALTERS, THOMAS J	DIRECTORS	13. 1.1 TITU 1.2 NAM	 E	ADDITI	ONS/CHANGES	TO OFFICE	ERS AND			
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TITLE NAME STREET ADDRESS	OFFICERS AND PCD WALTERS, THOMAS J 350 WEST HUBBARD STREET, S CHICAGO IL	D DIRECTORS DELETE SUITE 610	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E E EET ADDRESS - ST-ZIP E	ADDITI	ONS/CHANGES	TO OFFICE	ERS AND	Change	e ☐ Addition	
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molemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an address, with all other like empowered. indicated on this annual report or sy officer or director of the corporation of Block 12 or Block 13 if changed, 91/0

SIGNATURE: