FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700001154

1. Corporation Name

MORTON'S OF CHICAGO/MIAMI, INC.

WALTERS, THOMAS J

BALDWIN, THOMAS J

CHICAGO IL

VSD

350 WEST HUBBARD STREET

3333 NEW HYDE PARK ROAD

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place of business Maling Address						l,				
) west hubbard street ICAGO IL 606 10	350 WEST HUBBARD STREET CHICAGO IL 60610				DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified				
1						03/06/1997				
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For		
21		26				65-0725983		Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 1 7 7 7	. 75 Additional ee Required		
23	City & State	City & State				Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be		
231	Zip Country	Zip		Countr	у	8. This corporation owes the curre				
24	25	29	30			Personal Property Tax.	☐ Ye:			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
A T AARDAALTIAN AVATEN				8	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8	82 Street Address (P.O. Box Number is Not Acceptable)						
			}_							
			8:	3						
				84	4 City		FL 85	Zip Code		
11	 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida. Such change w	ras autho	rized by	y the corpor	orporation submits this statement for the ration's board of directors. I hereby accep	purpose of changi t the appointment	ng its registered as registered		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age 12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
	TITLE PD DELETE 1.1 TITLE					President.	Ch Ch			
111	LE 1 PU	JUELCI	_	TO THE	1	#17##JJA JA	2011	~ igo		

NEW HYDE PARK NY 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS

1.2 NAME

2.1 TITLE

2.2 NAME

☐ DELETE

1.3 STREET ADDRESS

2.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14. I 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 of 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

350 W.HUBBARD ST.

CR2E034 (11/98)

Addition

Change

FILED

Secretary of State

03-01-1999 90166 037 ***150.00

Mar 01, 1999 8:00 am