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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000027711 (8)

1. Corporation Name
MORTON TODD, INC.

Principal Place of Business
601 IVES DAIRY ROAD
UNIT 203
NORTH MIAMI BEACH FL 33179-5434

Mailing Address
601 IVES DAIRY ROAD
UNIT 203
NORTH MIAMI BEACH FL 33179-5434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/12/1994
3a. Date of Last Report

4. FEI Number 65-0481004
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

6. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GRANN G. MOSS
82 Street Address (P.O. Box Number is Not Acceptable)
83 1195 N.E. 125th St
84 City NORTH MIAMI FL 85 Zip Code 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ~~GRANN G. MOSS~~ GRANN G. MOSS 3-1-95
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TODD, MORTON
STREET ADDRESS 601 IVES DAIRY ROAD, UNIT 203
CITY ST ZIP NORTH MIAMI BEACH FL 33179-5434

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 607, 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

3/1/95