FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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~~

3. Date Incorporated or Qualified: 04/12/1994
3a. Date of Last Report: 04/10/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 643 BRIARWOOD CIRCLE
Suite, Apt. #, etc.
22
City & State
23 HOLLYWOOD, FL.
Zip 24 33024 Country 25 USA

2a. Mailing Address
26 643 BRIARWOOD CIRCLE
Suite, Apt. #, etc.
27
City & State
28 HOLLYWOOD, FL.
Zip 29 33024 Country 30 USA

9. Name and Address of Current Registered Agent

MOSS, GRHAHU G.
1195 NR 125TH ST
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name GERARD G. MOSS
82 Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD., SUITE 508
83
84 City MIAMI FL 85 Zip Code 33181

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	TODD, MORTON	
1.3 STREET ADDRESS	643 BRIARWOOD CIRCLE	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33024	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: M. Todd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96
Date

Daytime Phone #

CR2E034 (12/95)