

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

FILED

Jan 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041940 (5)

1. Corporation Name

MORTON TARTER ASSOCIATES, INC. OF FLORIDA

Principal Place of Business

2425 GULF OF MEXICO DR.
APT. 1C
LONGBOAT KEY FL 34228

Mailing Address

2425 GULF OF MEXICO DR.
APT. 1C
LONGBOAT KEY FL 34228-32113. Date Incorporated or Qualified
06/06/19943a. Date of Last Report
05/01/19964. FEI Number
65-0501762Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 415 L'AMBIANCE DRIVE

Suite, Apt. #, etc.

22 APT. 503

City & State

23 LONGBOAT KEY FL

Zip

24 34228

Country

2a. Mailing Address

26 415 L'AMBIANCE DRIVE

Suite, Apt. #, etc.

27 APT. 503

City & State

28 LONGBOAT KEY, FL

Zip

29 34228

Country

9. Name and Address of Current Registered Agent

TARTER, MORTON
2425 GULF OF MEXICO DR.
APT. 1C
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name TARTER, MORTON
82 Street Address (P.O. Box Number is Not Acceptable)
415 L'AMBIANCE DRIVE
83 APT. 503
84 City LONGBOAT KEY FL 85 Zip Code 34228

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

Signature typed or printed name of the agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TARTER, MORTON
STREET ADDRESS 2425 GULF OF MEXICO DR
CITY - ST - ZIP LONGBOAT KEY FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME TARTER, MORTON
13 STREET ADDRESS 415 L'AMBIANCE DRIVE APT 503
14 CITY - ST - ZIP LONGBOAT KEY FL 34228
☒ Change ☐ Addition21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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 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

MORTON TARTER

Date

Daytime Phone #

1/7/97 (941) 383-8466

CR2E034 (9/96)