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

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

City & State

22

23

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000041940

MORTON TARTER ASSOCIATES, INC. OF FLORIDA

Principal Place of Business Mailing Address

415 L'AMBIACE DRIVE 415 L'AMBIACE DRIVE
APT 503 APT 503
LONGBOAT KEY FL 34228
US

2. Principal Place of Business 2a. Mailing Address

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Suite, Apt. #, etc.

City & State

## FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90011 011 \*\*\*150.00

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/06/1994 4. FEI Number

65-0501762



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DO NOT WRITE IN	THIS SPACE				

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

Zip	Country	Zip	Cr	ountry	8. This corporation owe	s the current year Into	angible	
4	25 29		30		Personal Property Ta		☐ Yes	□No
	9. Name and Address of Current I	Registered Agent			10. Name and Address	of New Registered	Agent	
۷	WE STANK	N. E. Stratelling	•	81 Name				
TARTER, MORTON				82 Street	Address (P.O. Box Number is No	ot Accentable)		
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	•	*		84 City		FL	85 Zip (	Code
11 Pringuant	t to the provisions of Sections 607.0502	and 607 1508. Floric	a Statutes, the	above-named	corporation submits this stateme	ent for the purpose of	changing its	registered
office or	registered agent, or both, in the State of	Florida. Such chang	ge was authoriz	ted by the corpo	oration's board of directors. I her	eby accept the appoir	ntment as re	gistered
UM agent. Fa	am familiar with, and accept the obligatio	ns of, Section 607.0	1505, Florida St	atutes.				
SIGNATURE			AIGTE Brainte		required when reinstating):	DATE	<del></del>	<del>-</del>
12.	Signature, typed or printed name of registered agent a OFFICERS AND		(NOTE: Register		ADDITIONS/CHANGE		D DIRECTO	RS IN 12
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4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that it is 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

941/383-8466

CR2E034 (11/98