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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000045827 (0)

MORTON HOLDING CO.

## FILED May 06 1997 8:00am Secretary of State



	ce of Business	Mailing Addre	SS			I TREATMENT AND PROPER BUILD REALTH ORALL CONTIN		114 tieti 1481 1481
5046 SUFFOLK DRIVE BOCA RATON FL 33496			5046 SUFFOLK DRIVE BOCA RATON FL 33496-1638					
						3. Date Incorporated or Qualified 06/15/1994	3s. Date of L	
2. Principal F	Place of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
21		26				65-0512829		Not Applicab
Suite, Apt 22	. #, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	1 7	.75 Additional ee Required
Cily & Sta	le	City & Stat	е			6. Election Campaign Financing	\$5	.00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in	ntangible tax un	der s. 199.032,
24	25	29	3	10		Florida Statutes	Yes 🔀 No	
	9. Name and Address of Curr	ent Registered Agen	i			10. Name and Address of New Res	Istered Agent	
BA	SSOFF, MORTON G			B1	Name			
504	48 SUFFOLK DRIVE ICA RATON FL 33496		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)		
				83				
				84	City		FL  85	Zip Code
SIGNATURE	Signature, tysted or printed name of registered a		(NOTE:	Registered Age	ent signature requ	red when reinstating)	DATE	
12.	~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D		DELETE	1.1 TATLE			☐ Ch	ange 🗀 Additio
NAME	BASSOFF, MORTON G			1.2 NAME				
STREET ADDRESS	5046 SUFFOLK DRIVE			1.3 STREET	ADDRESS			
C+TY - S1 - 7/P	BOCA RATON FL 33496		···	1.4 CITY - S	T-ZIP	·····		
TIFLE	·	ш	DELETE	2.1 TITLE	1		L.J Chi	iange 🔲 Additio
NAME				2.2 NAME				
	1			1	)			
STREET ADDRESS				2.3 STREET				
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(j). 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 or changed, or on an attachment with an address.

SIGNATURE

THE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 56/-24/-8985
Dayline Phone i