

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000075132 (7)

1. Corporation Name

MORTON RESEARCH COMPANY OF MERRICK, INC.



Principal Place of Business

Mailing Address

9721 ARBOR OAKS LANE
SUITE 201
BOCA RATON FL 33428

9721 ARBOR OAKS LANE
SUITE 201
BOCA RATON FL 33428

3. Date Incorporated or Qualified

09/29/1995

3a. Date of Last Report

INITIAL

2. Principal Place of Business

2a. Mailing Address

21 7100 WEST CAMINO REAL

26 7100 WEST CAMINO REAL

4. FEI Number

11-2602137

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203

27 203

City & State

City & State

23 BOCA RATON FL.

28 BOCA RATON FL

Zip

Country

Zip

Country

24 33433

25 USA

29 33433

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEMPEL, JONATHAN
7100 W CAMINO REAL APT 203
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME STEMPLE, HELENE
STREET ADDRESS 16 STANFORD COURT
CITY-ST-ZIP WANTAGH NY 11793

1.1 TITLE PRESIDENT ☒ Change ☒ Addition
1.2 NAME JONATHAN STEMPLE
1.3 STREET ADDRESS 7100 WEST CAMINO REAL # 203
1.4 CITY-ST-ZIP BOCA RATON, FL. 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 400001741344
4.4 CITY-ST-ZIP -03/13/96--01050--004
***200.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, changed, or on an attachment with an address.

SIGNATURE: P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)