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

Mailing Address

#203

7100 WEST CAMINO REAL

BOCA RATON FL 33433-5510

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

7100 WEST CAMINO REAL

BOCA RATON FL 33433

SIGNATURE:

#203



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

Date

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000075132 (7)

MORTON RESEARCH COMPANY OF MERRICK, INC.

				09/29/1995	03/12/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		11-2602137	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27			0, 000000000000000000000000000000000000	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Country			Trust Fund Contribution	☐ Added to Fees
24	25	29	30	у .	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
9, Name and Address of Current Registered Agent			[30]	10. Name and Address of New Registered Agent		
81	TEMPEL, JONATHAN	- 112 g	81	21 Namo		
7100 W CAMINO REAL APT 203				" Name Stemper Herene		
BOCA RATON FL 33433			62	Street Addre	ess (P.O. Box Number is Not Acceptat	ble) へらかし - J い ハで みのろ
000/11/01/11 00100				82		
			_		PCA RATON	·
L			84	" B.(OCA RATON	FL 85 Zip Code うろりょう
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.						
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE	EXXTue	tinkel				
	Signature, typed or printed name of registered agent		E: Registered Ac	ent signature required	***	DATE
12.	OFFICER'S AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	OTTAINTI IONATUAN	DELETE	1.1 TITLE		Menor,	Change Addition
NAME	STEMPEL, JONATHAN	BAA	1.2 NAME	-	nomper, He LEY	
STREET AODRESS	S 7100 WEST COMINO REAL, #2 BOCA RATON FL 33433	203		I .	TIAD W. CAMINA	
CITY-ST-ZIP	BUCA HATUN FL 33433	Doriete	1.4 CITY-	ST-ZIP	BOCA RATON	FC. 33433
TITLE		DELETE	2.1 TITLE			Change Addition
NAME OFFICE ADDRESS			2.2 NAME			
STREET ADDRESS	8			T ADDRESS		•
CITY-ST-ZIP		Driette	2. 4 CITY -	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME	1		3.2 NAME	1 .		
STREET ADDRESS	\$		3.3 STREE	T ADDRESS		l
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	1		Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS	s		4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS	s		5.3 STREE	I ADDRESS		
CHY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	-		
STREET ADDRESS	s		6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07/3Vi). Floride Statutes, Lifuther certify that the						
information indicated on this annual report of 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						