

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F00184 (4)**  
1. Corporation Name:  
**MURDOCK, INC.**



Principal Place of Business: **223 PERUVIAN AVENUE P O BOX 966 PALM BEACH FL 33480**  
Mailing Address: **223 PERUVIAN AVENUE P O BOX 966 PALM BEACH FL 33480**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24 25  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Quiesced: **10/02/1980** 3a. Date of Last Report: **03/07/1995**  
4. FEI Number: **65-0120253** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**BROBERG, GUSTAVE T  
256 WORTH AVENUE  
PALM BEACH FL 33480**

**10. Name and Address of New Registered Agent**

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 607.1603, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_

Signature of the person who is authorized to sign this report on behalf of the corporation

Signature of the person who is authorized to sign this report on behalf of the corporation

DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

12-1 TITLE: PD	12-2 NAME: BROBERG, GUSTAVE T., JR	12-3 STREET ADDRESS: 223 PERUVIAN AVENUE	12-4 CITY-STATE-ZIP: PALM BEACH FL	<input type="checkbox"/> DELETE
12-5 TITLE: SD	12-6 NAME: VILLARS, NANCY L	12-7 STREET ADDRESS: 223 PERUVIAN AVENUE	12-8 CITY-STATE-ZIP: PALM BEACH FL	<input type="checkbox"/> DELETE
12-9 TITLE: TD	12-10 NAME: HALL, BETTY JEAN	12-11 STREET ADDRESS: 223 PERUVIAN AVENUE	12-12 CITY-STATE-ZIP: PALM BEACH FL	<input type="checkbox"/> DELETE
12-13 TITLE: VP	12-14 NAME: MURDOCK, LINTON F	12-15 STREET ADDRESS: 223 PERUVIAN AVENUE	12-16 CITY-STATE-ZIP: PALM BEACH FL	<input type="checkbox"/> DELETE
12-17 TITLE:	12-18 NAME:	12-19 STREET ADDRESS:	12-20 CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
12-21 TITLE:	12-22 NAME:	12-23 STREET ADDRESS:	12-24 CITY-STATE-ZIP:	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13-1 TITLE:	13-2 NAME:	13-3 STREET ADDRESS:	13-4 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-5 TITLE:	13-6 NAME:	13-7 STREET ADDRESS:	13-8 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-9 TITLE:	13-10 NAME:	13-11 STREET ADDRESS:	13-12 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-13 TITLE:	13-14 NAME:	13-15 STREET ADDRESS:	13-16 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-17 TITLE:	13-18 NAME:	13-19 STREET ADDRESS:	13-20 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 or person 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: *Linton F. Murdock* LINTON F. MURDOCK 2/2/96 407 832 4404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)