FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L53772** **(4)**

1. Corporation Name
M.A. MUIR ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O MARK A. MUIR 9037 CHRYSANTHEMUM DR. BOYNTON BEACH FL 33437	C/O MARK A. MUIR 9037 CHRYSANTHEMUM DR. BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21: 18 SOUTHERN CROSS CIRCLE
Suite, Apt. #, etc. 22: #101
City & State 23: BOYNTON BEACH, FL
Zip 24: 33436 Country 25: PALM BCH

2a. Mailing Address
SAME AS
Suite, Apt. #, etc. 27: NEW ADDRESS
City & State 28:
Zip 29: 33436 Country 30:

4. FEI Number: 65-0182400 ☐ 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

MUIR, MARK A.
9037 CHRYSANTHEMUM DR.
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: MARK A. MUIR
82 Street Address (P.O. Box Number is Not Acceptable): 18 SOUTHERN CROSS CIRCLE
83: #101
84 City: BOYNTON BEACH FL 85 Zip Code: 33436

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: MARK A. MUIR — Mark A. Muir — 2/5/96
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	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	MUIR, MARK A.		1.2 NAME	SAME	
STREET ADDRESS	9037 CHRYSANTHEMUM DR.		1.3 STREET ADDRESS	18 SOUTHERN CROSS CIRCLE #101	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33486	
TITLE	D	☐ DELETE	2.1 TITLE	SAME	☒ Change ☐ Addition
NAME	MUIR, LAURA E.		2.2 NAME	SAME	
STREET ADDRESS	9037 CHRYSANTHEMUM DR.		2.3 STREET ADDRESS	18 SOUTHERN CROSS CIRCLE #101	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33486	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Mark A. Muir MARK A. MUIR 2/5/96 407-738-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #