

**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  
**C/O MARK A. MUIR  
9037 CHRYSANTHEMUM DR.  
BOYNTON BEACH FL 33437**

Mailing Address  
**C/O MARK A. MUIR  
9037 CHRYSANTHEMUM DR.  
BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified <b>02/26/1990</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>65-0182400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>18 SOUTHERN CROSS CIRCLE</b> <b>SAME AS</b>	2a. Mailing Address 27 <b>NEW ADDRESS</b>
Suite, Apt. #, etc. 22 <b>#101</b>	Suite, Apt. #, etc. 27
City & State 23 <b>BOYNTON BEACH, FL</b>	City & State 28
Zip 24 <b>33486</b>	Country 25 <b>PAUM BUI</b>
Zip 29 <b>33436</b>	Country 30

**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 <b>MARK A. MUIR</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>18 SOUTHERN CROSS CIRCLE</b>
83 <b>#101</b>
84 City <b>BOYNTON BEACH</b>
85 State <b>FL</b>
86 Zip Code <b>33486</b>

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 <input type="checkbox"/> DELETE		1.1 TITLE <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUIR, MARK A.</b>		1.2 NAME <b>SAME</b>	
STREET ADDRESS <b>9037 CHRYSANTHEMUM DR.</b>		1.3 STREET ADDRESS <b>18 SOUTHERN CROSS CIRCLE #101</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		1.4 CITY-ST-ZIP <b>BOYNTON BEACH, FL 33486</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <b>SAME</b>	
NAME <b>MUIR, LAURA E.</b>		2.2 NAME <b>SAME</b>	
STREET ADDRESS <b>9037 CHRYSANTHEMUM DR.</b>		2.3 STREET ADDRESS <b>18 SOUTHERN CROSS CIRCLE #101</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		2.4 CITY-ST-ZIP <b>BOYNTON BEACH, FL 33486</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 #

CR2E034 (12/95)