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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 124058

(9)

FILED Apr 14 1997 8:00am Secretary of State

MURPHE Principal Plac 4507 BAYSHOP		Mailing Address P.O. BOX 18065	·		***************************************		
TAMPA FL 33611 TAMPA FL 33679-8065							
						3. Date Incorporated or Qualified 03/31/1931	3a. Date of Last Report 02/26/1996
	lace of Businoss	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-0402805	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	the transfer of the transfer o		untry		8. This corporation has hability for in		
24	25 29 30 9. Name and Address of Current Registered Agent		30]	·		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
					Name	10. Halling that Addition of Hotel Hotel	istolog Agont
MURPHEY, DAVID R III 4507 BAYSHORE BLVD.						/DO Day Number is Net Associable	-1
	PA FL 33611			02	Street Addi	ddress (P.O. Box Number is Not Acceptable)	
				83			
:				84	City		85 Zip Code
44 Durayant	to the providing of Continue COZ DI OC	2 and CO2 4500 Florido Plate				and a shall this statement for the sa	FL S P COOS
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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
agent. Fem familiar with, and accept the opligations of, Section 607.0505, Florida Statutes. SIGNATURE							
	Signature, typed or printed name of registered agen				signature requir	red when reinstating)	DATE
12.						ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	P DELETE MURPHEY, DAVID R III			1.1 THLE 1.2 NAME			Change Addition
STREET ADDRESS	4507 BAYSHORE BLVD.			iawic Treet al	nnacee		ŝ
CITY-ST-ZIP	AMPA FL 33611			(TY - ST -			
TITLE	VP						☐ Change ☐ Addition C
NAME	**************************************		2.2 N	AME	ĺ		į
STREET ADDRESS	4507 BAYSHORE BLVD.		2.3 STREET ADDRESS		•		
CITY-ST-ZIP	TAMPA FL 33611			2 4 GHY-S1-ZIP 3.1 HILE			Change Addition
TITLE NAME			3.1 N				T Amount
STREET ADDRESS			-	AVI: TRÉET AI	DDRESS		
CITY-ST-ZIP				::::::::::::::::::::::::::::::::::::::			
TITLE			4.1 11				Change Addition
name			4.2 N	IAME			
STREET ADDRESS			4.3 \$1	IREET AC	DDRESS		
CITY-ST-ZIP				ITY-ST-	ZIP		Change
TITLE		€ Dreceit	5.1 TITLE 5.2 NAME		1		Change Addition
STREET ADDRESS				AIVIE TREFT AC	DDRESS		
CITY-ST-ZIP				11Y-ST-	1		
TITLE		DELETE 61				, , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			62 NA	AME	-		
STREET ADDRESS			6.3 \$1	TREET AC	DDRES\$		
CITY-ST-ZIP		Film all French Table 19	6.4 CI	TY-\$1-	ZIP	Lin Conton 110 07/0VD Florida Crataton	I forth a service that a later

I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 eath; 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 13 if changed, or on an attachment with an address.