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

DOC 1. Corpo

(0)

FILED Feb 04 1997 8:00am Secretary of State

CUMENT Oration Name	#	189308	

MURRES CORP. FLORIDA

Principal Place of Business Mailing Address					r resiet sinner intim inibit etsti deiner inni didir bylder didir didir didir didir			
489 W 83 ST MALEAH FL 33 US	0014	469 W B3 ST HIALEAH FL 33014-3607 US						
					3. Date Incorporated or Qualified 12/02/1955	3a. Date of Last 05/01/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	·	Applied For	
21		26		***************************************	59-0761386		Not Applicable	
St⊬te, Apt. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State	c	City & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
Zip 24	Country 25	Z _I p	Coun	lry	8. This corporation has liability for i	ntangible tax under	s. 199.032,	
.=.1	9. Name and Address of Current		1		10. Name and Address of New Re	gistered Agent		
FIUF	R, VIRGINIA			Name		A		
	W 83 ST		Ļ,	10 0	(B.C. B	1-1		
	EAH FL 33014		'	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
			Ī	33		**************************************		
			1	34 City		FL 85 Zip	p Code	
office or r	egistored agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607,0505, Flo	authorized	by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing it the appointment a	its registered as registered	
	Signature, typical or printed name of registered agen			Agent a gnature requ	red when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	BOLLBACH DATRICIA	DELETE	1.1 TITL			Change	Addition	
NAME	BOLLBACH, PATRICIA		1.2 NAN					
STREET ADDRESS	1333 E. 18TH STREET BROOKLYN NY		1.3 STR	EET ADDRESS				
C(F) - S1 - 7(P	PCD PCD	T DELETE		/-SI-ZIP				
TITLE	KANARICK, HERBERT G	☐ DELETE	2.1 1110			Change	Addition	
NAME	441 LEXINGTON AVE		2.2 NAN					
STREET ADDRESS	NY NY		1	EET ADDRESS	· C			
City - S* - ZIP Title	VD	DELETE	2 4 CIT 3 1 TITL	Y-ST-ZIP		Change	e 🔲 Addition	
	GRANOFF, LESLIE	L. ∪CLEI€				LLF CHARGE	Munimosi	
NAME CONTROL	2 FIR DRIVE		3.2 NAM	-				
STREET ADDRESS	GREAT NECK NY			EET ADDRESS				
CHY-ST-ZIP TITLE	VDTS	DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP		Change	e Addition	
NAME	SMALL, JO ANN	L.J DULLIE				vnange	י ביין העטונוטוו	
NAME STREET ACORESS	50 EAST 89TH STREET		4.2 NA	ME EET ADDRESS				
	NEW YORK NY							
CITY+ST-ZIP TITLE	VD	DELETE	5.1 TITU	7-ST-ZIP F		Change	e Addition	
NAME	FRANCO, ELLEN SUE	Lad Determ	5.2 NAM			Change Change	riognio))	
STREET ADDRESS	126 AMORY STREET			EFT ADDRESS				
F COUNTRY LIBRARY			■ 3.33 IN	LE EMPORESSO I				

6.4 CITY-ST-ZIP 14. I do hereby 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 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 attendment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME **BROOKLINE MA**

Change

___ Addition