FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:42

DOCUMENT # 233431 (6)

1. Corporation Name
MURGER INC

Principal Place of Business	Mailing Address
2900 E LAKE BENNETT RD. AVON PARK FL 33825	2900 E LAKE BENNETT RD. AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1960
3a. Date of Last Report: 03/01/1994

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

4. FEI Number: 59-1031797 ☐ 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

GERGEN, PAULA H.
6290 S.W. 102ND ST
MIAMI FL 33156

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P ☐ Change ☑ Addition
NAME	CRISTIANO, GAIL K.	1.2 NAME	Gergen, Glenn W.
STREET ADDRESS	9800 SW 63RD CT	1.3 STREET ADDRESS	478 chickapee Lane
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	V	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	EDWARDS, CHRISTINE	2.2 NAME	Edwards, Christine
STREET ADDRESS	6290 SW 102 ST	2.3 STREET ADDRESS	2200 Lake Village Drive Apt # 819
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Kingwood, TX. 77339
TITLE	TR	3.1 TITLE	☐ Change ☐ Addition
NAME	GERGEN, SCOTT FL.	3.2 NAME	
STREET ADDRESS	2900 E LAKE BONNET RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	GERGEN, TOMMY F.	4.2 NAME	
STREET ADDRESS	8925 SW 61ST CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	GERGEN, KELLY R.	5.2 NAME	
STREET ADDRESS	1694 FLOYD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	LANE, PAULLETTE	6.2 NAME	
STREET ADDRESS	4214 SYLVAN RAMBLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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)(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 attachment with an address.

SIGNATURE: Scott Gergen 1-18-95 (813)385-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0318201 CP