

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 # 233431 (6)

1. Corporation Name  
MURGER INC



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

Mailing Address  
2900 E LAKE BENNETT RD.  
AVON PARK FL 33825

3. Date Incorporated or Qualified 02/19/1960	3a. Date of Last Report 01/24/1995
4. FEI Number 59-1031797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	CRISTIANO, GAIL K.
STREET ADDRESS	9800 SW 63RD CT
CITY-STATE-ZIP	MIAMI FL
TITLE	V
NAME	EDWARDS, CHRISTINE
STREET ADDRESS	2200 LAKE VILLAGE DR. APT.#819
CITY-STATE-ZIP	KINGWOOD TX
TITLE	TR
NAME	GERGEN, SCOTT FL.
STREET ADDRESS	2900 E LAKE BONNET RD.
CITY-STATE-ZIP	AVON PARK FL
TITLE	VP
NAME	GERGEN, TOMMY F.
STREET ADDRESS	8925 SW 61ST CT.
CITY-STATE-ZIP	MIAMI FL
TITLE	VP
NAME	GERGEN, KELLY R.
STREET ADDRESS	1694 FLOYD ST.
CITY-STATE-ZIP	SARASOTA FL
TITLE	VP
NAME	LANE, PAULLETTE
STREET ADDRESS	4214 SYLVAN RAMBLE
CITY-STATE-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Scott Gergen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/96 941-385-7010  
Date Daytime Phone #

CR2E034 (12/95)