


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

FILED

Feb 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 233431 (6)</b>					
1. Corporation Name <b>MURGER INC</b>					
Principal Place of Business <b>2800 E LAKE BENNETT RD. AVON PARK FL 33825</b>			Mailing Address <b>2800 E LAKE BENNETT RD. AVON PARK FL 33825-7741</b>		
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>02/19/1960</b>	
				3a. Date of Last Report <b>03/05/1996</b>	
				4. FEI Number <b>59-1031797</b>	
				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GERGEN, PAULA H. 6290 S.W. 102ND ST MIAMI FL 33156</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	CRISTIANO, GAIL K.				
STREET ADDRESS	9800 SW 63RD CT				
CITY - ST - ZIP	MIAMI FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	EDWARDS, CHRISTINE				
STREET ADDRESS	2200 LAKE VILLAGE DR. APT.#819				
CITY - ST - ZIP	KINGWOOD TX				
TITLE	TR	<input type="checkbox"/> DELETE			
NAME	GERGEN, SCOTT FL.				
STREET ADDRESS	2900 E LAKE BONNET RD.				
CITY - ST - ZIP	AVON PARK FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	GERGEN, TOMMY F.				
STREET ADDRESS	8925 SW 61ST CT.				
CITY - ST - ZIP	MIAMI FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	GERGEN, KELLY R.				
STREET ADDRESS	1694 FLOYD ST.				
CITY - ST - ZIP	SARASOTA FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	LANE, PAULLETTE				
STREET ADDRESS	4214 SYLVAN RAMBLE				
CITY - ST - ZIP	TAMPA FL				
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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 attachment with an address.					



SIGNATURE: *Scott Gergen* *Scott Gergen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

(941) 385-7010  
Date Daytime Phone #

CR2E034 (9/96)