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Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 233431 (6)
1. Corporation Name
MURGER INC

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1031797	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERGEN, PAULA H. 6290 S.W. 102ND ST MIAMI FL 33156		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	CRISTIANO, GAIL K.	1.2 NAME	Glenn Gergen
STREET ADDRESS	9800 SW 63RD CT	1.3 STREET ADDRESS	978 chickadee lane
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Orange Park, Fl. 32073
TITLE	V	2.1 TITLE	
NAME	EDWARDS, CHRISTINE	2.2 NAME	
STREET ADDRESS	2200 LAKE VILLAGE DR. APT.#819	2.3 STREET ADDRESS	
CITY-ST-ZIP	KINGWOOD TX	2.4 CITY-ST-ZIP	
TITLE	TR	3.1 TITLE	
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	
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	
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	
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 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:

[Signature] SIGNATURE REQUIRED

1/15/98

(941) 385-7010

CR2E034 (10/97)