

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 396806

1. Corporation Name

PRISCILLA MURPHY REALTY, INC.

Principal Place of Business

13831 VECTOR AVENUE #105
SUITE 105
FT. MYERS FL 33907
US

Mailing Address

13831 VECTOR AVENUE #105
SUITE 105
FT. MYERS FL 33907
US

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WILLIAMS, ALLEN C
13831 VECTOR AVE
SUITE 105
FT MYERS FL 33907

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 if applicable

(NOTE: Registered Agent signature is required for this statement.)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

3-2-99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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SIGNATURE: *Allen C Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten initials



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1972

4. FEI Number

59-1382256

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 owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Applicable)
83 1200 South Pine Island Road
84 City: Plantation FL 85 Zip Code: 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 1. CHANGE 1. ADDITION
2. NAME 2. CHANGE 2. ADDITION
3. STREET ADDRESS 3. CHANGE 3. ADDITION
4. CITY-STATE-ZIP 4. CHANGE 4. ADDITION
5. TITLE 5. CHANGE 5. ADDITION
6. NAME 6. CHANGE 6. ADDITION
7. STREET ADDRESS 7. CHANGE 7. ADDITION
8. CITY-STATE-ZIP 8. CHANGE 8. ADDITION
9. TITLE 9. CHANGE 9. ADDITION
10. NAME 10. CHANGE 10. ADDITION
11. STREET ADDRESS 11. CHANGE 11. ADDITION
12. CITY-STATE-ZIP 12. CHANGE 12. ADDITION
13. TITLE 13. CHANGE 13. ADDITION
14. NAME 14. CHANGE 14. ADDITION
15. STREET ADDRESS 15. CHANGE 15. ADDITION
16. CITY-STATE-ZIP 16. CHANGE 16. ADDITION
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18. NAME 18. CHANGE 18. ADDITION
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96. CITY-STATE-ZIP 96. CHANGE 96. ADDITION
97. TITLE 97. CHANGE 97. ADDITION
98. NAME 98. CHANGE 98. ADDITION
99. STREET ADDRESS 99. CHANGE 99. ADDITION
100. CITY-STATE-ZIP 100. CHANGE 100. ADDITION

100002792001--S

-03/02/99-01039-024

***150.00 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with all other like empowered

SIGNATURE:

Allen C Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 941-482-5112

0445367

CR2E034 (11/98)