

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F91094** (5)

1. Corporation Name
MURPHY & MURPHY, ATTORNEYS, P.A.

Principal Place of Business 1901 S. HARBOR CITY BLVD. ONE HARBOR PLACE, SUITE #805 MELBOURNE FL 32901	Mailing Address 1901 S. HARBOR CITY BLVD. ONE HARBOR PLACE, SUITE #805 MELBOURNE FL 32901
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/19/1982	3a. Date of Last Report 04/26/1994
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-2223184	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
				6. 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 MURPHY, JOHN C. 1901 S. HARBOR CITY BLVD. ONE HARBOR PLACE, STE. 805 MELBOURNE FL 32901	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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, JOHN C. 1901 S. HARBOR CITY BLVD., #805 MELBOURNE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MURPHY, JOHN T. 1901 S. HARBOR CITY BLVD., #805 MELBOURNE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MURPHY, JOHN T. 1901 S. HARBOR CITY BLVD. #805 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, KURT C. 1901 S. HARBOR CITY BLVD., #805 MELBOURNE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VSD WEISS, KURT C. 1901 S. HARBOR CITY BLVD. #805 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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.

SIGNATURE: X Kurt C. Weiss April 21, 1995 (407) 676-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Hours)

KURT C. WEISS, Vice President