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**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F91094 (5)

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



Principal Place of Business Mailing Address

**1801 S. HARBOR CITY BLVD.
ONE HARBOR PLACE, SUITE #805
MELBOURNE FL 32801**

**1801 S. HARBOR CITY BLVD.
ONE HARBOR PLACE, SUITE #805
MELBOURNE FL 32801-4706**

3. Date Incorporated or Qualified **07/19/1982** 3a. Date of Last Report **06/17/1996**

4. FEI Number **59-2223184** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**MURPHY, JOHN C.
1801 S. HARBOR CITY BLVD.
ONE HARBOR PLACE, STE. 805
MELBOURNE FL 32801**

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 607.0402 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 *John C. Murphy* **JOHN C. MURPHY** **23 JAN 97**

Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	FB	<input type="checkbox"/> DELETE
NAME	MURPHY, JOHN C.	
STREET ADDRESS	1801 S. HARBOR CITY BLVD., #805	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	FB	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JOHN T.	
STREET ADDRESS	1801 S. HARBOR CITY BLVD., #805	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WEISS, KURT C.	
STREET ADDRESS	1801 S. HARBOR CITY BLVD., #805	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" 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	S/T	<input checked="" 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 unchanged, or on an attachment with an address.

SIGNATURE: *John C. Murphy* **JOHN C. MURPHY** **23 JAN 97** **(407) 676-2525**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)