

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90073 024 ***150.00

DOCUMENT # F97000006484

1. Corporation Name

**PAUL J. MURRAY, C.P.A., A PROFESSIONAL ASSOCIATI
ON**

Principal Place of Business

1622 E SCHWARTZ BLVD
LADY LAKE FL 32159
US

Mailing Address

1622 E SCHWARTZ BLVD
LADY LAKE FL 32159
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1997

4. FEI Number

22-2360339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 12179 S. APOPKA-VINELAND RD
Suite, Apt. #, etc.

26 12179 S. APOPKA-VINELAND RD
Suite, Apt. #, etc.

22 * 168

27 * 168

23 City & State

28 City & State

ORLANDO, FL

ORLANDO, FL

24 Zip 32836 25 Country USA

29 Zip 32836 30 Country USA

9. Name and Address of Current Registered Agent

MURRAY, PAUL J
1622 E. SCHWARTZ BLVD
LADY LAKE FL 32159

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12179 S. APOPKA VINELAND RD
#168

83 City

ORLANDO

84 State

FL

85 Zip Code

32836

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

1-25-99

12. OFFICERS AND DIRECTORS

TITLE CPT ☐ DELETE
NAME MURRAY, PAUL J
STREET ADDRESS 1622 E. SCHWARTZ BLVD.
CITY-ST-ZIP LADY LAKE FL 32159

TITLE SD ☐ DELETE
NAME MURRAY, DIANE T
STREET ADDRESS 201 PRINCETON AVE
CITY-ST-ZIP STRATFORD NJ 08884

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**12179 S. APOPKA-VINELAND RD #168
ORLANDO, FLORIDA 32836**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**3014 MARINE PLACE SOUTH
P.O. BOX 456
SEA ISLE CITY, N.J. 08243**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99

407-571-5751

CR2E034 (11/98)