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PROFIT CORPORATION ANNUAL REPORT	FLORIDA DEPART Katherine Secretary	e Harris of State	#61. Z SILED +8-99DEE 20 PM 1:41	
1999 DIVISION OF CORPORATIONS				
DOCUMENT # GUYQUAT 1. Corporation Name			SUCRETARY OF STATE TALLAHASSEE, FLORIDA	
MURAN INC.				
Principal Place of Business 245 U.S. HwY 17 N. P.O. Box 819				
BOWLING GREEN, FLA. BOWLING GREEN, FLA.		DO NOT WRITE IN THIS SPACE 3. Date Incorporated gr Qualifed		
33834 33834 33834 33834 33834 33834 2a. Mailing Address		10/07/83 4. FEI Number Applied F	-or	
21	26		59-1225250 Not Appli	icable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required	
City & State	City & State	-	6. Election Campaign Financing Trust Fund Contribution 5.00 May B	
Zip Country	Zip	Country	8. This corporation owes the current year intangible Personal Property Tax.	
9. Name and Address of Current	. 29 3 t Registered Agent		Personal Property Tax. La Yes La No 10. Name and Address of New Registered Agent	-13 -
NELSON ANDREW 82 Street Address (P 2575			RESCOTT MURRELL C. Address (P.O. Box Number is Not Acceptable) 575 SENECA DR WEST	
U.S. HWY 17, N.		83	O lest 7in Code	
BOWLING GREEN F)	and 607 1609 Elorida Statutes	the shove esmed	corporation submits this statement for the purpose of changing its register	ered
office or registered agent, or both, in the State of	of Elevide Combathanas was suff	, 42010 11411120		
agent. I am familiar with, and accept the obligat	tions of Section 607.0505, Florid	norized by the corporate that th	ration's board of directors. I hereby accept the appointment as registered	d .
agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered signature.	eill	norized by the corpo la Statutes. egistered Agent signature re	reation's board of directors. I hereby accept the appointment as registered accept the appointment accept the acceptance accept the acceptance accep	- -
SIGNATURE Signature, typed or printed name of registered signature. 12. OFFICERS AND	t and title if applicable. (NOTE: R	norized by the corporate Statutes.	reation's board of directors. I hereby accept the appointment as registered accept the appointment accept the appointment accept the appointment accept the accept the appointment accept the appointment accept the appointment accept the acceptance accept the acceptance acc	- -
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SIGNATURE Signature, typed or printed name of registered figent 12. OFFICERS AND TITLE DAME PRESCOTI NELSCON STREET ADDRESS 2841 NW STRATE	t and title if applicable. (NOTE: R) D DIRECTORS DELETE D A B BD	orized by the corpola Statutes. ogistered Agent signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN PRESCOTT, MURRELL CROFTON 2575 SENECA DR. W.	- 12
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