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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H22810** **(6)**

1. Corporation Name

MURRAY SHATT BROKERAGE, INC.

Principal Place of Business

P. O. BOX 794
SUMMERLAND KEY FL 33042

Mailing Address

PO BOX 420794
SUMMERLAND KEY FL 33042-0794
US

3. Date Incorporated or Qualified: **09/26/1984**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-2452764** ☐ 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

21 24536 OVERSEAS HIGHWAY

22 Suite, Apt. #, etc.

23 City & State: SUMMERLAND KEY, FL

24 Zip: 33042- 25 Country: USA

2a. Mailing Address

26 P. O. BOX 420488

27 Suite, Apt. #, etc.

28 City & State: SUMMERLAND KEY, FL

29 Zip: 33042-0488 30 Country: USA

9. Name and Address of Current Registered Agent

SHATT, J. MURRAY
37 W. SHORE DRIVE
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 350 WESTSHORE DRIVE

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHATT, J. MURRAY 37 W SHORE DR SUMMERLAND KEY FL	☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	P/P/T 350 WESTSHORE DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHATT, MARY H 37 WESTSHORE DR SUMMERLAND KEY FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/S 350 WESTSHORE DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ 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)(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 above, if changed, or on an attachment with an address.

SIGNATURE: J. Murray Shatt 4/2/96 305-745-2116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)