FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MURRAY SHATT BROKERAGE, INC.

(6)

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I (ARICALI ALIA 11818 ILAAL 1918) I	I EIGII OIBII OIBII	D(B)1 \$161. D1914 (DD)
24536 OVERSEAS HIGHWAY SUMMERLAND KEY FL 33042 US		P.O. BOX 420488 SUMMERLAND KEY FL 3: US	SUMMERLAND KEY FL 33042-0488		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					09/26/1984		
F= ' }		2a. Mailing Address	Mailing Address		4. FEI Number	-	Applied For
26		Suite, Apt. #, etc.	# otc		59-2452764		Not Applicable 75 Additional
22	27				5. Certificate of Status Desired		ee Required
City & Sta	ily & State City & State				Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip	Country		8. This corporation owes or has paid	the current ye	ar Intangible
24	25	[29]	30		Personal Property Tax due June 30		□ No
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regis	stered Agent	
SHATT, J. MURRAY				81 Name			
			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	SUMMERLAND KEY FL 33042		83				
			84	City		85	Zip Code
			"	l Oity		FL °°	Zip 0000
Pursuant to the provisions of Sections 607.08.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE Support by the composition of registered and the if apply and the Support Suppo							
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE			☐ Ch	ange 🔲 Addition
NAME	SHATT, J. MURRAY		1.2 NAME				į;
STREET ADDRESS			1.3 STREE	ADDRESS			Įį
CITY-ST-ZIP	SUMMERLAND KEY FL	T DELETE	1.4 CITY-1	ST-21P			Addison
TITLE	VS	DELETE	2.1 TITLE	ŀ		L.) Ch	ange L. Addition
NAME		SHATT, MARY H					
STREET ADDRESS		ALMAN APPLIANTS TO THE STATE OF		ADORESS			
CITY-ST-ZIP TITLE	SUMMERIDATO RET FL	DELETE 31TI		ST-ZIP		Ch	ange Addition
NAME			3 2 NAME	1		_ •	
STREET ADDRESS	■		3.3 STREE	ADDRESS			
CITY-ST-ZIP			3 4. CITY-				
TITLE		DELETE	4.1 TITLE			Ch	ange Addition
NAME	4.21		4. 2 NAME				
STREET ADORESS	;		4.3 STREE	r address			
City-St-Z#P	<u> </u>		4.4 CITY-	S1-ZIP			
TITLE		DELETE	5.1 TITLE			∐ Ch	ange L. Addition
NAME			5.2 NAME				1
STREET ADDRESS	5		5.3 STREET	ADDRESS			
CITY-ST-2IP	<u></u>		5.4 CITY-1	ST - ZIP			
TITLE		☐ DEL€TE	61 TITLE			Ch	ange Addition
NAME			6.2 NAME				
STREET ADDRESS	; 		63 STREE				
CITY-ST-ZIP	contify that the information country to	with this filein close not quality for	64 CRY-1		n Section 119.07(3)(i), Florida Statutes. I fu	rther certify th	at the information

remove using the interminant supplies with one littly does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual report or suppliemental 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 appears in

SIGNATURE:

J. MURRAY SHATT