


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

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May 04, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H55656

1. Corporation Name

MURPHY MANAGEMENT INCORPORATED

Principal Place of Business  
301 SEQUOIA DR  
WEST PALM BEACH FL 33409  
US

Mailing Address  
301 SEQUOIA DR  
WEST PALM BEACH FL 33409  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4488 Flows Way Suite, Apt. #, etc. 22		2a. Mailing Address 26 4488 Flows Way Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 05/07/1985	
23 Lake Worth, FL City & State 24 33461 Zip		28 Lake Worth, FL City & State 29 33461 Zip		4. FEI Number 59-2531989	
25 US Country		30 US Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRIS, GEORGE E.  
11380 PROSPERITY FARMS RD #201  
PALM BCH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	MURPHY, Gary R
NAME	MURPHY, GARY R.	1.2 NAME	4488 Flows Way
STREET ADDRESS	301 SEQUOIA DRIVE	1.3 STREET ADDRESS	Lake Worth, FL 33461
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	President
NAME	MURPHY, SANDRA E.	2.2 NAME	MURPHY, Sandra E.
STREET ADDRESS	301 SEQUOIA DRIVE	2.3 STREET ADDRESS	4488 Flows Way
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	DT	3.1 TITLE	ST
NAME	MURPHY, DANIEL R	3.2 NAME	MURPHY, Daniel R.
STREET ADDRESS	301 SEQUOIA DRIVE	3.3 STREET ADDRESS	4488 Flows Way
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	PD	4.1 TITLE	Secretary
NAME	MURPHY, DAVID C	4.2 NAME	MURPHY, David C.
STREET ADDRESS	301 SEQUOIA DRIVE	4.3 STREET ADDRESS	4488 Flows Way
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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  
Signature: David C. Murphy Pres 4/27/99 1-561-434-2844

CR2E034 (11/98)