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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J51422

(0)

MUIRFIELD REALTY AND INVESTMENT, INC.

Principal Place of Business Mailing Address 76 NE 5TH AVENUE 76 NE 5TH AVENUE DELRAY BEACH FL 33483-5427 **DELRAY BEACH FL 33483** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/07/1987 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2765438 Not Applicable 21 Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zφ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERRI, VINCENT A -2404-SW-CRANBROOK-DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) CBOYNTON BCH FL 33436 HILL OHK 83

84 City DELRAY ISEACH 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 farm-nar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type flor printed name of page could agent and the diapphoap-(NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS DELETE 1.1 TillE Change TIT: F FERRI, VINCENT A NAME 1.2 NAME 76 NE 5TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change 2.1 TITLE ■ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST-ZIP DiTY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 7/2 5 4 CITY - ST - ZIP DELETE Change . Addition TillE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS DITY-SI-78 6.4 CHY - ST- ZIP

14. I do hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information and cated 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 recover 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. attachment with an address

SIGNATURE:

1/8/97 (561) 265-3593

FILED

Jan 14 1997 8:00am

Secretary of State

(96/6)