FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAR -3 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J88309 (6)

1. Corporation Name
MUREX DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1120 ROYAL PALM BCH BLVD #202 ROYAL PALM BEACH FL 33411 US	1120 ROYAL PALM BCH BLVD #202 ROYAL PALM BEACH FL 33411 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1987
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2843762 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BANISTER, JOHN R.
140 ROYAL PALM WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: ROBERT D. JONES, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 590 Royal Palm Beach Boulevard
83
84 City: Royal Palm Beach FL 85 Zip Code: 33411

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: Robert D. Jones 2/3/95
(Signature, type or printed name of registered agent and title) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition DP/S/T
NAME	GIANCATERINO, WAYNE	12 NAME	WAYNE GIANCATERINO
STREET ADDRESS	13828 FOLKSTONE CIR	13 STREET ADDRESS	590 Royal Palm Beach Boulevard
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP	Royal Palm Beach, Florida 33411
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	GIANCATERINO, ALAN	22 NAME	
STREET ADDRESS	1593 HAWTHORNE PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition P/S/T
NAME	GIANCATERINO, JUNE	32 NAME	WAYNE GIANCATERINO
STREET ADDRESS	13828 FOLKSTONE CIR	33 STREET ADDRESS	590 Royal Palm Beach Boulevard
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP	Royal Palm Beach, Florida 33411
TITLE	T	41 TITLE	☐ Change ☐ Addition VP
NAME	GIANCATERINO, WAYNE	42 NAME	ALAN GIANCATERINO
STREET ADDRESS	13828 FOLKSTONE CIR	43 STREET ADDRESS	590 Royal Palm Beach Boulevard
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP	Royal Palm Beach, Florida 33411
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is currently true 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, or on an attachment with an address.

SIGNATURE: [signature] 2/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0251360 CP