

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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ROYAL PALM BEACH FL 33411  
US

3. Date Incorporated or Qualified  
08/18/1987

3a. Date of Last Report  
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 390 BUSINESS PKWY.

26 C/O ROBERT D. JONES

4. FEI Number

59-2843762

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2B

27 590 ROYAL PALM BEACH BLVD.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 ROYAL PALM BEACH, FL.

28 ROYAL PALM BEACH, FL.

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

Zip

Country

Zip

Country

24 33411

25

29 33411

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, ROBERT D. ESQU  
590 ROYAL PALM BEACH BOULEVARD  
ROYAL PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 date if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME GIANCATERINO, WAYNE  
STREET ADDRESS 590 ROYAL PALM BEACH BOULEVARD  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE VP  
NAME GIANCATERINO, ALAN  
STREET ADDRESS 1593 HAWTHORNE PLACE  
CITY-ST-ZIP W PALM BCH FL

TITLE PST  
NAME GIANCATERINO, WAYNE  
STREET ADDRESS 590 ROYAL PALM BEACH BOULEVARD  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE VP  
NAME GIANCATERINO, ALAN  
STREET ADDRESS 590 ROYAL PALM BEACH BOULEVARD  
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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; that 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 an attachment with an address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

PRESIDENT

DATE

Daytime Phone #

CR2E034 (12/95)