

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: 1120 ROYAL PALM BCH BLVD #202 ROYAL PALM BEACH FL 33411 US
Mailing Address: 1120 ROYAL PALM BCH BLVD #202 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: 21 390 BUSINESS PKWY., 22 SUITE 2B, 23 ROYAL PALM BEACH, FL., 24 33411
2a. Mailing Address: 26 C/O ROBERT D. JONES, 27 590 ROYAL PALM BEACH BLVD., 28 ROYAL PALM BEACH, FL., 29 33411
4. FEI Number: 59-2843762
Applied For: Not Applicable
Certificate of Status Desired: \$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: JONES, ROBERT D. ESQU, 590 ROYAL PALM BEACH BOULEVARD, ROYAL PALM BEACH FL 33411
10. Name and Address of New Registered Agent: 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: Robert D. Jones, DATE: 4/30/96 (NOTE: Registered Agents signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DPST	NAME: GIANCATERINO, WAYNE	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 590 ROYAL PALM BEACH BOULEVARD	CITY-ST-ZIP: ROYAL PALM BEACH FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: VP	NAME: GIANCATERINO, ALAN	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1593 HAWTHORNE PLACE	CITY-ST-ZIP: W PALM BCH FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: PST	NAME: GIANCATERINO, WAYNE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 590 ROYAL PALM BEACH BOULEVARD	CITY-ST-ZIP: ROYAL PALM BEACH FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: VP	NAME: GIANCATERINO, ALAN	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 590 ROYAL PALM BEACH BOULEVARD	CITY-ST-ZIP: ROYAL PALM BEACH FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	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; 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 as changed or an attachment with an address.

SIGNATURE: [Signature] PRESIDENT, DATE: 4/30/96, DAYTIME PHONE #: 407-798-8300

CR2E034 (12/95)