FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT May 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name J88309 (6) MUREX DEVELOPMENT, INC. Principal Place of Business Mailing Address 390 BUSINESS PKWY C/O ROBERT D. JONES 590 ROYAL PALM BEACH BLVD SUITE 2B ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE ROYAL PALM BEACH FL 33411 3. Date Incorporated or Qualified 08/18/1987 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 59-2843762 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JONES, ESQUIRE, ROBERT D 590 ROYAL PALM BEACH BOULEVARD Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 83 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change DPST DELETE TITI F 1.1 TITLE GIANCATERINO, ALAN NAME 1.2 NAME 17223 82ND RD N STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-ZIP 1.4 C TY-ST-ZIP DELETE TITLE 2 1 TITLE NAME 2 2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE □ DELETE 3 TITLE Change 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change TOTLE 4.1 T TLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change TITLE 51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an expect this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: 7

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information indicated on this annual report or a officer or director of the cornor Block 12 or Block 13 if chang

CITY-ST-ZIP

H 4/11/98

Change

Applied For

Fee Required

Added to Fees

Zip Code

Addition

Addition

Addition

Addition

Addition

Addition

**CR2E034** 

Not Applicable