

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L94043** (1)

1. Corporation Name
A. MURRO & ASSOCIATES, INC.



Principal Place of Business: **14483 NEPTUNE RD SEMINOLE FL 34646**
Mailing Address: **14483 NEPTUNE RD SEMINOLE FL 34646 8198 TERRACE GARDEN DR ST PETERSBURG, FL 33709-7075**

3. Date Incorporated or Qualified: **08/03/1990** 3a. Date of Last Report: **06/21/1995**
4. FEI Number: **13-2746305** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **8198 TERRACE GARDEN** 2a. Mailing Address: **8198 TERRACE GARDEN DR**
21. Suite, Apt. #, etc.: **511** 26. Suite, Apt. #, etc.: **511**
22. City & State: **ST PETERSBURG** 27. City & State: **ST PETERSBURG**
24. Zip: **33709-7075** 25. Country: **MINNESOTA USA** 30. Zip: **33709-7075** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **MURRO, ANTHONY A. 14483 NEPTUNE RD SEMINOLE FL 34646 8198 TERRACE GARDEN DR ST PETERSBURG, FL 33709-7075**
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, 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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRO, ANTHONY A.	1.2 NAME	
STREET ADDRESS	14483 NEPTUNE RD 8198 TERRACE GARDEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL ST PETERSBURG, FL 33709	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRO, PATRICIA A.	2.2 NAME	
STREET ADDRESS	14483 NEPTUNE RD 8198 TERRACE GARDEN	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL ST PETERSBURG, FL 33709	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRO, PATRICIA A.	3.2 NAME	
STREET ADDRESS	14483 NEPTUNE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: DATE: **4/3/96**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)