

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 # P40668 (6)

1. Corporation Name

MURRAY PALM BEACH, INC.



Principal Place of Business

Mailing Address

207 EAST BLUE HERON BOULEVARD  
RIVIERA BEACH FL 33404

207 EAST BLUE HERON BOULEVARD  
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified  
09/17/1992

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 8087 MONETARY DR

26 8087 MONETARY DR

4. FEI Number  
65-0350953

Applied For  
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

22 E-1

27 E-1

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

23 RIVIERA Bch, FL

28 RIVIERA Bch, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33404

29 33404

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

WILLIAM C. MUNDT

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

8778 SE RIVERFRONT TERRACE

83

84 City

TEQUESTA

FL

85 Zip Code

33469

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 obligation 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)

DATE

WILLIAM C. MUNDT, VICE-PRESIDENT 4-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MUNDT, RAY B.  
STREET ADDRESS 300 THORNBROOK AVE  
CITY-ST-ZIP ROSEMONT PA

1.1 TITLE P/O/C ☒ Change ☐ Addition

TITLE VST ☐ DELETE

NAME MUNDT, WILLIAM C  
STREET ADDRESS 207 E. BLUE HERON BLVD.  
CITY-ST-ZIP RIVIERA BEACH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ZIP: 19010

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8778 SE RIVERFRONT TERRACE  
TEQUESTA FL 33469

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407845-1043

CR2E034 (12/95)