SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT 1996 **DOCUMENT #** 0027316 (7) GEORGE E. MURRAY ENTERPRISES, INC. Principal Place of Business Mailing Address 1010 S OCEAN BLVD 1010 S OCEAN BLVD **SUITE 1707 SHITE 1707** POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date incorporated or Qualified 3a. Date of Last Report HS 04/12/1993 08/11/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 65-0402829 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 \_\_\_ Yes 🔣 No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MURRAY, GEORGE E 1010 S OCEAN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1707** 83 POMPANO BCH FL 33062 84 City 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. GEORGE EMURBY PRES Signature typed or pricted name of registered agent and little if applicable 12 OFFICERS AND DIRECTORS 13. ADDITIONS HANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME MURRAY, GEORGE E 1.2 NAME CR2E034 STREET ADDRESS 2780 OLD MILITARY TRAIL UNIT 27 1.3 STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 Title Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 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 early, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. May 7/496 305-941807