## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000051811 (6)

PAUL A. MURRAY, P.A.

Principal Place of Business Mailing Address 227 SILVERADO DRIVE 227 SILVERADO DR NAPLES FL 33999 NAPLES FL 34119-4616 US US 3a. Date of Last Report 3. Date Incorporated or Qualified 07/28/1993 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0430481 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country Ζipi Country 8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MURRAY, PAUL A. 227 SILVERADO DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 В3 City 84 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 Signature: Mipertion per text man eroll regulated diagent and title of approachle INCITE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)PS Addition DELETE \_\_\_ Change 1.1 TITLE THUE MURRAY, PAUL A 1.2 NAME NAME 227 SILVERADO DR STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-S1-2IF 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST DELETE Change Addition 3.1 TITLE TITLE NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 70F 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 JITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - Z-2 DELETE Change \_\_\_ Addition 5.1 TITLE THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZP CHY-SI-ZIP DELETE Change Addition TITLE 6 \* 1ITLE

SIGNATURE:

14. I do hereby certify that the inform

appears in Block 12 or Blog

information indicates on this angual re I am an officer or orrector of the onrea

NAM:

STREET ADDRESS

DEFICER OR DIRECTOR

6.2 NAME 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

1.7.97

on does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(941) 434-5454

**FILED** 

Jan 14 1997 8:00am

Secretary of State

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