

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000060389 (2)

1. Corporation Name

JOHN MURNANE, INC.

Principal Place of Business

4640 N.W. 102ND AVE.
APT. 102
MIAMI FL 33178

Mailing Address

4640 N.W. 102ND AVE.
APT. 102
MIAMI FL 33178



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
08/27/1993	05/19/1995
4. FEI Number	Applied For
65-0434204	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURNANE, JOHN J JR
10478 NW 31ST TERRACE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name	Hugh S. Chakler
82 Street Address (P.O. Box Number is Not Acceptable)	7780 S.W. 117 Avenue
83 Suite	Suite 206
84 City	Miami
85 FL	Zip Code 33183

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 607.1505, Florida Statutes.

SIGNATURE

[Signature]

Treasurer

5/15/96

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	MURNANE, JOHN J JR	1.2 NAME	
STREET ADDRESS	4640 NW 102 AVE / STE 102	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	CHAKLER, HUGH S	2.2 NAME	
STREET ADDRESS	1636 SW 148TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ROGERS, JOHN	3.2 NAME	
STREET ADDRESS	564 ST ANDREWS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MURNANE, PATRICA ANN	4.2 NAME	
STREET ADDRESS	804 S COLLIER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MURNANE, JOHN	5.2 NAME	
STREET ADDRESS	804 S COLLIER BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MURNANE, GERALDINE	6.2 NAME	
STREET ADDRESS	804 S COLLIER BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	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 an exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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

JOHN J. MURNANE, JR. 5/15/96 (305) 271-2828

CR2E034 (12/95)