FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:22

DOCUMENT # **P93000066057 (9)**

1. Corporation Name
MURPHY'S LAW, INC.

Principal Place of Business	Mailing Address
4845 LUMBERTON DRIVE ORLANDO FL 32829	4845 LUMBERTON DRIVE ORLANDO FL 32829

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1993	3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-3201122	☐ 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	2a. Mailing Address
21 2977 Mc FARLANE RD	26 2977 Mc FARLANE ROAD
Suite, Apt. #, etc. 22 COCONUT GROVE	Suite, Apt. #, etc. 27 COCONUT GROVE
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33133	Country 25 DADE
Zip 29 33133	Country 30 DADE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SINCLAIR, LESLIE 4845 LUMBERTON DRIVE ORLANDO FL 32829	81 Name: SINCLAIR, LESLIE 82 Street Address (P.O. Box Number is Not Acceptable): 2977 Mc FARLANE RD 83: COCONUT GROVE 84 City: MIAMI 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SINCLAIR, LESLIE	1.2 NAME	SINCLAIR, LOUGHLIN, MR	
STREET ADDRESS	4845 LUMBERTON DR	1.3 STREET ADDRESS	19501 E. COUNTRY CLUB DR. #402	
CITY-ST-ZIP	ORLANDO FL 32829	1.4 CITY-ST-ZIP	AVENTURA FL. 33180	
TITLE	DVT	2.1 TITLE	D. P.	☒ Change ☐ Addition
NAME	MALAUGH, CAROLINE	2.2 NAME	SINCLAIR, LESLIE MR	
STREET ADDRESS	4845 LUMBERTON DR	2.3 STREET ADDRESS	19501 E. COUNTRY CLUB DR #402	
CITY-ST-ZIP	ORLANDO FL 32829	2.4 CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	DS	3.1 TITLE	D. V. T.	☒ Change ☐ Addition
NAME	SINCLAIR, RAPHEAL	3.2 NAME	MALAUGH, CAROLINE MS &	
STREET ADDRESS	4845 LUMBERTON DR	3.3 STREET ADDRESS	19501 E. COUNTRY CLUB DR 402	
CITY-ST-ZIP	ORLANDO FL 32829	3.4 CITY-ST-ZIP	AVENTURA. FL 33180	
TITLE		4.1 TITLE	D. S.	☒ Change ☐ Addition
NAME		4.2 NAME	SINCLAIR, RAPHAEL MR &	
STREET ADDRESS		4.3 STREET ADDRESS	19501 E. COUNTRY CLUB DR 402	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	AVENTURA, FL. 33180	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(i), 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: _____ 1/20/95 305 446-9956
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MALAUGH, C.

0418382 FP