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 # **P93000066057 (9)**

1. Corporation Name

MURPHY'S LAW, INC.

Principal Place of Business	Mailing Address
2977 MCFARLAND RD COCONUT GROVE MIAMI FL 33133 US	2977 MCFARLANE ROAD COCONUT GROVE MIAMI FL 33133 US

3. Date Incorporated or Qualified: 09/16/1993	3a. Date of Last Report: 02/03/1995
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SINCLAIR, LESLIE
2977 MCFARLANE RD
COCONUT GROVE
MIAMI FL 32829

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **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 _____ (Both Registered Agent's signature required when filed separately) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SINCLAIR, LAUGHLIN MR.		1.2 NAME	
STREET ADDRESS	19501 E. COUNTRY CLUB DR. #402		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SINCLAIR, LESLIE MR.		2.2 NAME	
STREET ADDRESS	19501 E. COUNTRY CLUB DR. #402		2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		2.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MALAUGH, CAROLINE MS.		3.2 NAME	
STREET ADDRESS	19501 E. COUNTRY CLUB DR #402		3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SINCLAIR, RAPHAEL		4.2 NAME	
STREET ADDRESS	19501 E. COUNTRY CLUB DR. #402		4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		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			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ C. MALAUGH. 4/24/96 (305) 446-9956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #