

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 06 1998 8:00am
Secretary of State

DOCUMENT # P93000066057 (9)

1. Corporation Name
MURPHY'S LAW, INC.

Principal Place of Business

2977 MCFARLAND RD
COCONUT GROVE
MIAMI FL 33133
US

Mailing Address

2977 MCFARLANE ROAD
COCONUT GROVE
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

30

9. Name and Address of Current Registered Agent

SINCLAIR, LESLIE
2977 MCFARLANE RD
COCONUT GROVE
MIAMI FL 32829

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SINCLAIR, LAUGHLIN MR.
CITY-ST-ZIP 19501 E. COUNTRY CLUB DR. #402
AVENTURA FL

TITLE ☐ DELETE

NAME DP
STREET ADDRESS SINCLAIR, LESLIE MR.
CITY-ST-ZIP 19501 E. COUNTRY CLUB DR. #402
AVENTURA FL

TITLE ☐ DELETE

NAME DVT
STREET ADDRESS MALAUGH, CAROLINE MS.
CITY-ST-ZIP 19501 E. COUNTRY CLUB DR #402
AVENTURA FL

TITLE ☐ DELETE

NAME DS
STREET ADDRESS SINCLAIR, RAPHAEL
CITY-ST-ZIP 19501 E. COUNTRY CLUB DR. #402
AVENTURA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME SINCLAIR, LAUGHLIN
1.3 STREET ADDRESS 19801 E. COUNTRY CLUB DRIVE #208
1.4 CITY-ST-ZIP AVENTURA, FL. 33180

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME SINCLAIR, LESLIE
2.3 STREET ADDRESS 19801 E. COUNTRY CLUB DRIVE #208
2.4 CITY-ST-ZIP AVENTURA, FL. 33180

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME MALAUGH, CAROLINE MS.
3.3 STREET ADDRESS 19801 E. COUNTRY CLUB DR #208
3.4 CITY-ST-ZIP AVENTURA, FL. 33180

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME SINCLAIR, RAPHAEL
4.3 STREET ADDRESS 19801 E. COUNTRY CLUB DR #208
4.4 CITY-ST-ZIP AVENTURA, FL. 33180

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)