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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000000876 (0)

1. Corporation Name

MURPHY & ROIG, P.A.

Principal Place of Business
109 S.E. 9TH STREET
FT. LAUDERDALE FL 33316
US

Mailing Address
109 S.E. 9TH STREET
FT. LAUDERDALE FL 33316-1017
US



3. Date Incorporated or Qualified
12/28/1993

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 1401 E. BROWARD BLVD.

Suite, Apt. #, etc.

22 201

City & State

23 FT. LAUDERDALE

Zip

24 33301-2100

Country

25 BROWARD

2a. Mailing Address

26 1401 E. BROWARD BLVD.

Suite, Apt. #, etc.

27 201

City & State

28 FT. LAUDERDALE

Zip

29 33301-2100

Country

30 BROWARD

4. FEI Number

65-0457182

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

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name ANDREW L. KRAMER, CPA
82 Street Address (P.O. Box Number is Not Acceptable)
3511 W. Commercial Blvd.
83 # 402
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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

And L Kramer CPA

ANDREW L. KRAMER

1/24/97

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 D
NAME MURPHY, PATRICK J
STREET ADDRESS 109 S.E. 9TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE D
NAME ROIG, FERNANDO L.
STREET ADDRESS 109 S.E. 9TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1401 E. BROWARD BLVD. # 201
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL.

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1401 E. BROWARD BLVD. # 201
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

Patrick J. Murphy

PATRICK J. MURPHY 1/24/97 954/525-5509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)