SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000066511 (4) **DOCUMENT #** MURR FINANCIAL CORP. Mailing Address Principal Place of Business P.O. BOX 16082 P.O. BOX 16082 ST. PETERSBURG FL 33733-6082 ST. PETERSBURG FL 33733-6082 3a. Date of Last Report 3. Date Incorporated or Qualified 09/09/1994 12/21/1995 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address 2. 59-3268306 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be Flection Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032 Country Country Zιρ Yes 🗌 No Florida Statutes 30 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANDERS, AMORY Street Address (P.O. Box Number is Not Acceptable) 5575 GULF BLVD. 82 **STE. 228** 63 ST. PETERSBURG BEACH FL 33706 City 85 Zip Code 84 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE 1.1 TITLE TITLE E034 SANDERS, AMORY 1.2 NAME NAME 5575 GULF BLVD., STE. 228 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG BEACH FL 33706 14 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STHEET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 JULE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TIFLE 52 NAMÉ NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 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)(k). Florida Statutes, I Too hereby certify that the information supplied with this iming is voluntarily furnished and does not quality for the exemption stated in section 119 of 15/16, 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 of director of the poporation or, the receives or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an antiachment with an address. 8-2-96 (813)360-2517

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO