FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT [redacted] 1998

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

FILED
98 JAN 26 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060605 11

1. Corporation Name
Murr Financial Corp.

Principal Place of Business	Mailing Address
5575 Gulf BLVD #530 St. Pete Bch, Fl 33706	P.O. Box 16082 St. Petersburg, Fl 33733-6082

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21 5575 Gulf BLVD
Suite, Apt. #, etc.
22 530
City & State
23 St. Pete Bch, Fl
Zip 24 33706 Country 25 Pinellas

2a. Mailing Address
26 P.O. Box 16082
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, Fl
Zip 29 33733-6082 Country 30 Pinellas

4. FEI Number 59-3268306 ☐ 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

Amory Sanders
5575 Gulf BLVD #530
St. Pete Bch, Fl 33706

10. Name and Address of New Registered Agent

81 Name December Floyd
82 Street Address (P.O. Box Number is Not Acceptable) 5575 Gulf BLVD #530
83
84 City St. Pete Bch, Fl FL 85 Zip Code 33706

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 December Floyd 12/29/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Amory Sanders 5575 Gulf BLVD #530 St. Pete Bch, Fl 33706	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President December Floyd 5575 Gulf BLVD #530 St. Pete Bch, Fl 33706 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	600002415376--3 -01/28/98--01119--002 ****150.00 ****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 1-20-98

CR2E034 (9/96)

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: December Floyd 12/24/97 (813)360 3517
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNING OFFICER OR DIRECTOR Date Daytime Phone #