

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 # P94000088364 (2)

1. Corporation Name

MURKEN PRODUCTS CORP.



Principal Place of Business

Mailing Address

11166 ISLE BROOK COURT
WEST PALM BEACH FL 33414

801 N.E. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State
West Palm Beach

23 Zip Country

28 Zip Country
FL 33414

4. FEI Number

65-0564064

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

10. Name and Address of New Registered Agent

UNITED CORPORATED SERVICES, INC.
801 N.E. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

CHANGED

81 Name KENNETH KAUFMAN

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

11166 ISLE BROOK CT

83 WEST PALM BEACH

84 City

FL 85 Zip Code
33414

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Kenneth Kaufman - PRES.

(NOTE: Registered Agent signature required when reinstating)

MARCH 2, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME KAUFMAN, KENNETH
STREET ADDRESS 11166 ISLE BROOK COURT
CITY - ST - ZIP WEST PALM BEACH FL 33414

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VS ☐ DELETE
NAME COHEN, MURRAY J
STREET ADDRESS 3546 SOUTH OCEAN BOULEVARD
CITY - ST - ZIP PALM BEACH FL 33480

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D ☒ DELETE
NAME KAUFMAN, MIMI
STREET ADDRESS 11166 ISLE BROOK COURT
CITY - ST - ZIP WEST PALM BEACH FL 33414

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

TITLE D ☒ DELETE
NAME COHEN, JAMES B
STREET ADDRESS 3546 SOUTH OCEAN BOULEVARD
CITY - ST - ZIP PALM BEACH FL 33480

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Kenneth Kaufman
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

MARCH 2, 1996

Date

Daytime Phone #

CR2E034 (12/95)