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

PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000021363 (3)

MURRAY D. BLACK REALTY, INC.

Principal Plane of Business

2200 ACADIE DRIVE JACKSONVILLE FL 32207 Mailing Address

2200 ACADIE DRIVE JACKSONVILLE FL 32217-3500

## FILED Apr 04 1997 8:00am Secretary of State



Surte, Apt #, etc.  Suite Apt. #, etc.  27 BEVERY HIUS  City & State  Suite Apt. #, etc.  City & State  Suite Apt. #, etc.  6. Certificate of Status Desired  Fee Required  \$5.00 May Be	and the second s				
Sq. H. 3   Verkson   Texahed and   P. O. Box   800 8   800 8   807 3004-35   Mex Applicable   Sq. 75 Additional   Foo Required	А		· _ · _ · _ · _ · _ · _ · _ · _ ·		
Suite Act #, ord.   Suite CA		16000			
Supplied of Status Delivor   Status   S	21 2943 VERNON TERMANDED P.O.BO	X IVOTE	APPLIED FOR 59-		
Copy & State   Chi & Chi & State   Chi & Chi & State   Chi & Chi & State   Chi & Sta	Suite, Apr. #, etc Suite. Apr. #, et		5. Certificate of Status Desired	7	
29 9 9 20 30 USA 29 9 0 USA 29 9 0 USA 30 USA 29 9 0 USA 30 USA 3	City & State City & State	CA	· -		
S. Name and Address of Current Registered Agent  SLAGE, SUSAN  SLAGE, SUSAN  10 DELFORT ROAD  SUITE 240  JACKSONVILLE FL 32216  S1 Arre MURRAY D. TERRACE  S2 Street Address (P.O. Box Number is Not Appmanted)  S2 Street Address (P.O. Box Number is Not Appmanted)  S3 # 4  S6 Chly TACKSONVILLE FL 32216  S1 Chly TACKSONVILLE FL 32216  S2 Chly TACKSONVILLE FL 32216  S3 Chly TACKSONVILLE FL 32216  S4 Chly TACKSONVILLE FL 32216  S5 Chly TACKSONVILLE FL 32216  S6 Chly TACKSONVILLE FL 32216  S6 Chly TACKSONVILLE FL 32216  S7 Chly TACKSONVILLE FL 32216  S6 Chly	Zip Country SA Zip Country 8. This corporation has liability for intangible tax under s. 199.032,				
11. Pursuant to the provisions of Sections C07 (0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered signers, controlling to the provisions of Sections C07 (0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered signers, and the purpose of changing its registered office or registered signers, and the purpose of changing its registered office or registered signers, and the purpose of changing its registered office or registered signers, and the purpose of changing its registered office or registered signers, and the purpose of changing its registered office of registered signers, and the purpose of changing its registered office of registered signers, and the purpose of changing its registered office of registered signers, and the purpose of changing its registered office of registered signers, and the purpose of changing its registered office of registered signers. In the comparison of purpose of changing its registered of office of registered signers. In the comparison of purpose of changing its registered of directors. In the purpose of changing its registered of directors. In the composition of purpose of changing its registered of directors. In the purpose of changing its registered of directors. In the purpose of changing its registered of purpose of changing its registered of purpose of purpose of changing its registered of purpose					
### Street Address (P.O. Box Number is Not Appendative)  ### Street Address (P.O. Box Number is Number is Not Appendative)  ### Street Address (P.O. Box Number is Nu	SLAGLE, SUSAN 81 Name MALICAGU TO BY ACK				
SUTTE 240  JACKSONVILLE FL 32216  8 274 YER JON TERRACE  11. Pursuant to the provisions of Sections C07 (550) and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing to registered agent, to both, in tiple State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, to provide with an along file for florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing its registered agent, and the corporation submits this statement for the purpose of changing the registered agent squares registered agent squares and squares agent squares and squares agent squares and squares and squares and squares agent age	4190 BELFORT ROAD			lel.	
T1. Paraboth to the provisions of Sections (27 (662) and 697 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered offices or registered agent to 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 to which in the State accept the oblight only of Section 607 (665, Florida Statutes).    NURRAY D					
T. Parametro II the provisions of Sections (37 (950) and 607 1508, Florida Statutes. The above named corporation statement for the purpose of changing its registered agent on both, might State of Florida Statutes. The above named corporation of directors. I hereby accept the appointment as registered agent or hoth, might State of Florida Statutes. The corporation's board of directors. I hereby accept the appointment as registered agent by miles of the above named corporation's board of directors. I hereby accept the appointment as registered agent by miles with an accept the origination of the corporation's board of directors. I hereby accept the appointment as registered agent by miles with a provided and accept the origination of the corporation's board of directors. I hereby accept the appointment as registered agent by miles with a provided agent by miles and accept the origination of the corporation's board of directors. I hereby accept the appointment as registered agent by miles and accept the origination of agent by miles and accept the origination of agent by miles and accept the origination of agent by miles and accept the appointment as registered agent by miles and accept the origination of agent by miles and accept the origination of agent by miles and accept the origination of agent by miles and accept the accept the origination of agent by miles and accept the			4		
The particle of the provisions of a scriptor of social CV 2002 principle of social CV 2002 principle of social CV 2002 principle of social CV 2003 principle of social CV		84 City	CKSONVILLE FL		
office or regulated agent on 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 provides are and accept the originary agent water. Provides Statutes.	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida			ourpose of changing its registered	
SIGNATURE    Total   T	when an acceptance agent, or both, in the State of Florida, Such change	was authorized by the corpo	ration's board of directors. I hereby acce	at the appointment as registered	
12. OF ICERS AND DIRLCTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRLCTORS IN 12  THAT	Y A		D. BLACK	2-27-97	
BLACK, MURRAY D	SIGNATURE Signature, typed or per tear rathe of regulared agent and title if applicable			DATE	
BLACK, MURRAY D  STREET ADDRESS  CITY-ST-7P  JACKSONWILLE RE-32217 - BOX 18098 M/A  STREET ADDRESS  LA 90 209   DELETE   LATTILE   Change   Addition    RMM   22 NAME    23 SIRRET ADDRESS    LA 90 209   DELETE   STITULE   Change   Addition    RMM   22 NAME    23 SIRRET ADDRESS    LA 90 209   DELETE   STITULE   Change   Addition    RMM   STREET ADDRESS    LA 90 209   DELETE   STITULE   Change   Addition    RMM   STREET ADDRESS    LA 90 209   DELETE   STITULE   Change   Addition    RMM   STREET ADDRESS    LA 90 209   STREET ADDRESS    LA 101Y-ST-2P   Change   Addition    RMM   STREET ADDRESS    LA 101Y-ST-2P   Change   Addition    LA 22 NAME    LA 23 STREET ADDRESS    LA 101Y-ST-2P   Change   Addition    RMM   STREET ADDRESS    LA 101Y-ST-2P    LI 101   DELETE   STITULE   Change   Addition    RMM   STREET ADDRESS    LA 101Y-ST-2P    LI 101   DELETE   STITULE   Change   Addition    RMM   STREET ADDRESS    LA 101Y-ST-2P    LA 101Y-ST-2P    LA 101Y-ST-2P    LA 101Y-ST-2P   STITULE   Change   Addition    LA 22 NAME    LA 23 STREET ADDRESS    LA 101Y-ST-2P    LA 101Y-S	12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
STREET ADDRESS CITY - ST-7/P  JACKSONMULS R. 32217 - BEVERLY HUUS THE CA 90 209 DELETE 21 THE 22 NAME 23 STREET ADDRESS 24 CITY - ST-7/P  THE DELETE 31 THE 32 NAME 33 STREET ADDRESS 34 CITY - ST-7/P  THE DELETE 41 THE Change Addition Addition NAME STREET ADDRESS 34 CITY - ST-7/P  THE Change Addition		TE 1.1 TITLE		Change	
DELETE	BLACK, MURRAY D	Z MA 1.2 NAME		;	
DELETE	STREET ADDRESS 42200 ACADIE DRIVE P.O. BOX (807)	13 STREET ADDRESS		<u> </u>	
NAME	CHY-ST-78 JACKSONVILLE FL 32217 BEVERLY HIV	LS 1.4 CITY-ST-ZIP			
NAME	THE CA 90203 DELE	TE 2.1 TITLE		Change Addition	
2.4 CITY-ST-ZIP  TITLE DELETE 31 TITLE Change Addition  NAM: 32 NAME  SIRET ADDRESS CON-ST-ZIP  LITTE DELETE 41 TITLE Change Addition  NAMI  NAMI  NAMI  A 2 NAME  4.2 NAME  SIRET ADDRESS CON-ST-ZIP  TITLE Change Addition  NAMI  A 2 NAME  4.2 NAME  ASTREEL ADDRESS CON-ST-ZIP  TITLE Change Addition  NAMI  STREET ADDRESS CON-ST-ZIP  TITLE Change Addition  NAMI  STREET ADDRESS CON-ST-ZIP  TITLE Change Addition  NAMI  STREET ADDRESS CON-ST-ZIP  TITLE Change Addition  STREET ADDRESS CON-ST-ZIP  TITLE CHANGE STREET ADDRESS CON-ST-ZIP  THE CHANGE ADDRESS		2.2 NAME			
THE DELETE 3.1 TITLE Addition  NAME STREET ADDRESS COPUS 7/2P THE DELETE 4.1 TITLE ADDRESS COPUS 7/2P THE DELETE 5.1 TITLE ADDRESS COPUS 7/2 P THE DELETE 6.1 TITLE	STREET ADOR/ASC	2.3 STREET ADDRESS		i	
NAME SIRELE ADDRESS S	CHY+SI+7IP	2.4 CITY-ST-ZIP			
SHEET ADDRESS COTY 57 7/P UTLE DELETE 41 TILE NAME STREET ADDRESS COTY 57 7/P UTLE NAME STREET ADDRESS COTY 57 7/P UTLE NAME STREET ADDRESS COTY 57 7/P UTLE DELETE 51 TILE STREET ADDRESS COTY 51 7/P UTLE DELETE 51 TILE STREET ADDRESS COTY 51 7/P UTLE DELETE 51 TILE STREET ADDRESS COTY 51 7/P UTLE DELETE 61 TILE STREET ADDRESS COTY 51 7/P UTLE STREE	TOLE	TE 3.1 TITLE		L_I Change L_I Addition	
COY: \$7 7P  ITTLE  DELETE  43 TITLE  42 NAME  42 NAME  43 STREET ADDRESS  COY: \$1 7P  HILE  DELETE  44 COY: \$1 7P  HILE  Addition  Addition  ADDELETE  51 TITLE  Change Addition  Addition  ADDELETE  51 TITLE  Change Addition  ADDELETE  51 TITLE  S1 STREET ADDRESS  COY: \$1 7P  TITLE  DELETE  61 TITLE  Change Addition  Addition  ADDELETE  61 TITLE  Change Addition  Addition  ADDELETE ADDRESS  COY: \$1 7P  THE ADDRESS  THE AD	NAM:	3.2 NAME			
DELETE   Addition   DELETE   Addition   DELETE   Addition   DELETE   Addition   Additi	STREET ADDPRISS	3.3 STREET ADDRESS			
NAME STREET ADDRESS CITY ST. ZIF  NAME ALCITY-ST-ZIP  DELETE 5.1 TILLE Change Addition  AAME STREET ADDRESS CITY ST. ZIF  TILL DELETE 5.1 TILLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY ST. ZIF 5.4 CITY-ST-ZIP  TILLE DELETE 6.1 TILLE Change Addition  Addition  NAME STREET ADDRESS CITY ST. ZIF 6.2 NAME STREET ADDRESS CITY ST. ZIF 1.1 Ido hereeby 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 indicrated 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					
STREET ADDRESS CITY ST ZIF  A 4 CITY-ST-ZIP  ITHE  DELETE 5.1 ITHE  STREET ADDRESS CITY ST-ZIP  SACREST ADDRESS CITY ST-ZIP  THE  DELETE 5.1 ITHE  SACREST ADDRESS CITY ST-ZIP  THE  NAME STREET ADDRESS CITY ST-ZIP  THE  SACREST ADDRESS CITY ST-ZIP  THE  Addition  Addition  Addition  THE  THE  THE  THE  THE  THE  THE  TH	TITLE DELE	TE 4.1 TITLE		Unange L3 Addition	
CITY ST 2F  CITY ST 2F  CITY ST 2F  CITY ST 2F  Addition  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY ST-7F  1.115  DELETE  6.1 TITLE  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  1.115  NAME  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  1.4 do hereby contriby 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 indicreted 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 othicer 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	NAMI				
DELETE   D	STREET AUDRESS	4.3 STREET AODRESS			
SHEFT ADDRESS CITY_ST-ZIP  THE  DELETE 61 TILE  Change Addition  Addition  DELETE 61 TILE  Change Addition  Addition  Fig. 1. 21P  14. I do hereby cortly 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				Charas LAdillia	
SIGN STORE STORES SITURE TABBLES STREET ADDRESS STR	TOLE DELI			L. Citange L. Addition	
SHELLADORIUS  CITY ST-7P  DELETE  61 TITLE  62 NAME  62 NAME  63 STREET ADDRESS  CITY ST-7P  14. Hob hereby contrivitiat 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 inclination 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	NAME				
THE  NAME  SHEET ADDRESS  CITY 51-7P  14. If do hereby contriviting 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	STREET ADORESS	5.3 STREET ADDRESS			
NAME STREET ADDRESS CITY ST-ZIP  14. However hereby contributes 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				Change Addition	
63 STREET ADDRESS 61 V SU 72P  14. Hob hereby cortly 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	TILI DELI			LI CIMINGE EJ Addition	
64 CITY STEZIP  14. If do hereby certly 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	NAME				
14. Ho 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	STHEET ANDRESS				
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 it 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	CFY 50-78	6.4 CITY-ST-ZIP	ated in Seaton 119 07/27/1 Florida Statut	os I further certify that the	
	information indicated on this annual report or supplemental annual rep  Lam an officer or director of the corporation or the receiver or trustee	ont is true and accurate and t empowered to execute this re	that my signature shall have the same leg sport as required by Chapter 607, Florida	Statutes; and that my name	