

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000044767 (8)**

1. Corporation Name

MURRAY'S OF WESTON, INC.



Principal Place of Business

Mailing Address

**11900 BISCAYNE BLVD.
SUITE 301
NORTH MIAMI FL 33181**

**11900 BISCAYNE BLVD.
SUITE 301
NORTH MIAMI FL 33181**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**GOLDON, RICHARD A
11900 BISCAYNE BLVD.
SUITE 301
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified

3a. Date of Last Report

06/09/1995

4. FEI Number

65-0615305

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature and date of filing required)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

PSTD

☐ Change

☒ Addition

NAME **ARNOWITZ, BRADLEY**

1.2 NAME

STREET ADDRESS **3530 MYSTIC POINTE DRIVE UNIT 1411 #500**

1.3 STREET ADDRESS

CITY-ST-ZIP **NORTH MIAMI BEACH FL 32180**

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME **GOLDON, RICHARD A**

2.2 NAME

STREET ADDRESS **11900 BISCAYNE BLVD. #301**

2.3 STREET ADDRESS

CITY-ST-ZIP **N MIAMI FL 33181**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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)(k), 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: *Richard A. Goldon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96

Date

305-899-1800

Telephone Number

CR2E034 (12/95)