

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 CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000090223 (5)

1. Corporation Name

MURRELL BARNES ONE, INC.

Principal Place of Business

Mailing Address

65 E. NASA BLVD.
MELBOURNE FL 32901

65 E. NASA BLVD.
MELBOURNE FL 32901



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		11/28/1995	
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-334 7706	Not Applicable
24 Country		29 Country		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

WILKINSON, MYLES H
65 E. NASA BLVD.
MELBOURNE FL 32901

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of individual or registered agent and title if applicable

Myles H. Wilkerson

(NOTE: Registered Agent signature required when reappointing)

7-22-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, President
NAME	WILKINSON, MYLES H	1.2 NAME	WILKINSON, MYLES
STREET ADDRESS	65 E. NASA BLVD.	1.3 STREET ADDRESS	65 EAST NASA, SUITE 202
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	MELBOURNE, FL. 32901
TITLE		2.1 TITLE	D, Vice President
NAME		2.2 NAME	JEFFREY S.
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D, Vice President
NAME		3.2 NAME	HENDERSON, JEFFREY S.
STREET ADDRESS		3.3 STREET ADDRESS	65 EAST NASA, SUITE 202
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MELBOURNE, FL. 32901
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Myles H. Wilkerson

President

7-22-96 (407) 951-1500

Date

Telephone

CR2E034 (3/96)