


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

AND  
FILED

98 OCT 19 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 95000096680

**1. Corporation Name:**  
**GEORGE W. MURRAY GENERAL CONTRACTOR, INC.**

<b>Principal Place of Business:</b> <b>2410 N.W. 11th St.</b> <b>Ft. Lauderdale, FL 33311</b>	<b>Mailing Address:</b> <b>800 W. McNab Road</b> <b>Ft. Lauderdale, FL 33309</b>
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<b>2. Principal Place of Business:</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address:</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b>	<b>4. FEI Number</b> <u>65-0630443</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent:**  
**GEORGE W. MURRAY**  
**2410 N.W. 11th St.**  
**Ft. Lauderdale, FL 33311**

**10. Name and Address of New Registered Agent:**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11. Pursuant to the provisions of Sections 607.0102 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 607.0102, Florida Statutes.**

**SIGNATURE:** George W. Murray **DATE:** 5-17-98

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11 TITLE</b> <b>12 NAME</b> <b>13 STREET ADDRESS</b> <b>14 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>21 TITLE</b> <b>22 NAME</b> <b>23 STREET ADDRESS</b> <b>24 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>31 TITLE</b> <b>32 NAME</b> <b>33 STREET ADDRESS</b> <b>34 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>41 TITLE</b> <b>42 NAME</b> <b>43 STREET ADDRESS</b> <b>44 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>51 TITLE</b> <b>52 NAME</b> <b>53 STREET ADDRESS</b> <b>54 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>61 TITLE</b> <b>62 NAME</b> <b>63 STREET ADDRESS</b> <b>64 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report, biennial report, and 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; that I am a shareholder 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 affidavit filed with an address.**

**SIGNATURE:** George W. Murray **1-29-98 (954) 999-6706**

CR2E034 (10/97)

**GEORGE W. MURRAY GENERAL CONTRACTOR, INC.  
800 W. MCNAB ROAD  
FT. LAUDERDALE, FL. 33309  
(954) 979-6706  
FAX (954) 979-7898**

*OCTOBER 14, 1998*

*FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314*

*RE: GEORGE W. MURRAY GEN. CONT.  
CORPORATIONS*

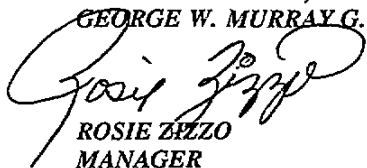
*DOCUMENT # P95000096680*

*TO WHOM IT MAY CONCERN:*

*THIS LETTER IS TO INFORM YOU THAT ON JULY 10, 1998, I RECIEVED A LETTER FROM  
THE DIVISION OF CORPORATIONS, STATING THAT OUR CHECK WAS RETURN NSF.  
ON JULY 24, 1998 I SENT YOU A MONEY ORDER # 02356753684 IN THE AMOUNT OF \$ 165.00  
ENCLOSE WILL FIND A COPY OF THE MONEY ORDER AND THE LETTER THAT I RECEIVED  
FROM YOU.*

*THANK YOU FOR YOUR COOPERATION IN THIS MATTER. IF YOU HAVE ANY QUESTION PLEASE  
FEEL FREE TO GIVE ME A CALL AT THE NUMBER ABOVE.*

*SINCERELY YOURS,  
GEORGE W. MURRAY G.C.*

  
*ROSIE ZIZZO  
MANAGER*



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 10, 1998

GEORGE W. MURRAY GENERAL CONTRACTOR INC.  
800 W MCNAB RD  
FT LAUDERDALE, FL 33309

SUBJECT: GEORGE W. MURRAY GENERAL CONTRACTOR INC.  
Ref. Number: P95000096680

Debit Memo #: 90040-F

This is to inform you that check #0596 in the amount of \$150.00 submitted with the annual report for GEORGE W. MURRAY GENERAL CONTRACTOR INC. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after September 10, 1998 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 487-6057.

Pat Bailey  
Accountant I

Letter Number: 398A00036980

MONEY ORDER RECEIPT - NON NEGOTIABLE

AGT 303858 DT 072493 \$165.00 \*\*1HUNDRED65DOLLARS AND NO CENTS

Payable to: FL. DEPART of STATE Div. Ref. CK# 596  
Retain this purchaser's copy. It must be included with all refund requests. Be sure to read important information below and on back.  
PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. need not stop payment on, or replace, or refund a lost or stolen Integrated Payment Systems Inc. Money Order unless (1) you fill in the "TO THE ORDER OF" line on the front of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately.  
Issued by Integrated Payment Systems Inc., Englewood, Colorado

\* 02356753684 \*



LOAD THIS DIRECTION, THIS SIDE UP

LOAD THIS DIRECTION, THIS SIDE UP