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 # P96000023520 (5)

MURNAGHAN INSTRUMENTS, INC.

Principal Place of Business Mailing Address						- ABBLIFAR I NA 18110 BANK BANK BANK BANK BANK BANK BANK BANK
1781 PRIMROS W. PALM BEAG			1781 PRIMROSE LANE W. PALM BEACH FL 33414-8667			
						3. Date Incorporated or Qualified 3∎. Date of Last Report 03/14/1996
·	lace of Business	<u> </u>	ng Address			4. FEI Number Applied For
21	H = 4 -	26	A-4 H -0-			65-0660239 Not Applicable
Suite, Apt		27	, Apt. #, etc.			5. Certificate of Status Desired
City & Stati		28	& State			Election Campaign Financing Trust Fund Contribution Added to Fees
Ζφ	Country	Zip		Country	7	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30		Florida Statutes Yes No
	g, Name and Address of Cu	irrent Hegisterea .	Agent	81	Name	10. Name and Address of New Registered Agent
JONES, ROBERT D				<u> </u>		
590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
,,,,	The Crimiti tracture to the outer.			83		
				84	City	FI 85 Zip Code
11. Persuant	to the provisions of Sections 607	7 0502 and 607.150	18 Florida Statut	es the abov	e-named co	corporation submits this statement for the purpose of changing its registered
l office or re	registered agent, or both, in the S im familiar with, and accept the o	State of Florida. Suc	ich change was a	authorized b	v the corpor	oration's board of directors. I hereby accept the appointment as registered
_	III Idiliiidi witii, and docept mo o	Diligations or, occu	,0000, 100 IO	Mila Siaiuis	5.	
SIGNATURE	Signature: Typed or printed name of registers	ed agent and title if applica	able (NOTI	E: Registered Ag	ent signature rec	equired when reinstating) DATE
12.	OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President		☐ DELETE	1.1 TITLE		Change Addition
NAME CONCELLADOSCOS	J. Patrick Murna			1.2 NAME	1	
STREET ADDRESS	1781 Primrose Ln.				T ADDRESS	
CITY-SI-ZIP TITLE	W. Palm Beach, FI		DELETE	1.4 CITY-5 2.1 TITLE	31-2114	Change Addition
NAME	Treasurer/Secreta			2.2 NAME		<u> </u>
STREET ADDRESS	Laurensia Murnagh				T ADDRESS	
CITY - ST - ZIP	1781 Primrose Ln. W. Palm Beach, Fi	· 22414		2. 4 CITY-	ST-ZIP	
TITLE	W. Faill Deach, 12	U	DELETE	3.1 TITLE		Change Addition
NAME:				3.2 NAME	1	
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP TITLE	<u> </u>		DELETE	3,4, CITY - 4,1 TITLE	ST-ZIP	Change Addition
NAME			L J DECENT	4. 2 NAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP				4.4 CITY - S		
TITLE			DELETE	5.1 TITLE	<u>""-"</u>	☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	r address	·
CITY-S1-ZIP				5.4 CITY - 5	ST-ZIP	
THILE			☐ DELETE	6.1 TITLE		Change Addition
NAME	ĺ			6.2 NAME		
STREET ADDRESS				6.3 STREET	T ADDRESS	

6.4 CITY-ST-ZIP

14. I do 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 appears in Block 12 or Block 13 if hanged, or an attachment with an address.

SIGNATURE:

Laurensia Murnaghan E AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

Apr 28 1997 8:00am

Secretary of State

04/21/97 561-795-2201