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

PROFIT CORPORATION ANNUAL REPORT 1997



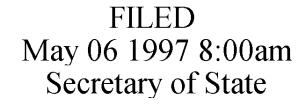
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

MARIIA MUHPHY CONSULT	ING, INC.
Principal Place of Business	Mailing Address
12715 NO 57TH STREET TAMPA FL 34617	12715 NO 57TH STREET TAMPA FL 33617-1257





TAMPA FL 34617			12715 NO 571H STREET TAMPA FL 33617-1257								
						3. Date Incorp. 05/20/199	orated or Qualified	3a. Date	of Last R	leport	
2. Principal Place of Business 2a. N			a. Mailing Address			4. FEI Number		<u> </u>	TAr	oplied For	
21			26			59-3	38000	4		ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	f Status Desired		\$8.75 Additional Fee Required		
City & Stat	te		City & State			6. Election Car	npaign Financing		\$5.00	May Bo	
23		28	28			Trust Fund (to Fees		
Zip	Coun	Country Zip Country			ry	8. This corpora	ition has liability for i	ntangible tax	under s	199.032,	
24	25	29		30		Florida Statu		Yes 🔲 I			
		ress of Current Reg	istered Agent			10. Name and	Address of New Re	gistered Age	∍nt		
	KEE, ROBERT F			8	1 Name						
1718 EAST 7TH AVENUE STE 301 TAMPA FL 33605			8	Street Address (P.O. Box Number is Not Acceptable)							
				8	3						
				8	4 City			FL	35 Zip (Code	
11. Pursuant office or ragent. I a	to the provisions of Se registered agent, or bo im familiar with, and ac	ctions 607.0502 and th, in the State of Flo coept the obligations	607.1508, Florida Statu rida. Such change was of, Section 607.0505, F	oles, the abo authorized l lorida Statut	ve-named cor by the corpora es.	rporation submits this ation's board of direc	s statement for the p tors. I hereby accep	urpose of ch t the appoin	anging it tment as	s registered registered	
SIGNATURE	Signature, typed or printed na			wh. =====							
12.		OFFICERS AND DIRE		18.	geni signature requ	uired whon reinstating)	CHANGES TO OFFIC	DATE ERS AND D	DECTOR	29 IN 12	
TITLE	PD	an iour contra	DELETE	10.1014		NDD(TIONO)C	TIANCES TO OTTIC		Change	Addition	
NAME	MURPHY, MARITA			1.2 NAM					o nongo		
STREET ADDRESS	12715 NO 57TH S	ŠT .			T ADDRESS						
CITY-ST-ZIP	TAMPA FL 33617			1.4 City							
TITLE			DELETE	21 TITLE	01 211				Change	Addition	
NAME				2.2 NAMI	:				Ü		
STREET ADDRESS				2.3 STRE	T ADDRESS						
CITY-ST-ZIP				2 4 CITY	- S1 - ZIP						
TITLE			DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAM6	:						
STREET ADDRESS				3.3 STRE	1 ADDRESS						
CITY-ST-ZIP				3.4 CITY	-\$1-ZIP						
TITLE			DELETE	4.1 111LE					Change	Addition	
NAME				4. 2 NAM	ŧ l						
STREET ADDRESS				4.3 STRE	T ADDRESS						
CITY-ST-ZIP				4.4 CITY	ST-7IP					1	
TITLE		-	DELETE	5.1 TITLE					Change	Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STRE	I ADDRESS						
CITY-ST-ZIP				5.4 CITY-	ST-ZIP						
TITLE			DELETE	6.1 TITLE	· · · ·				Change	[_] Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE	1 ADDRESS						
CITY-ST-ZIP				GACITY.							

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 logal 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.