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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000087817 (8)**

1. Corporation Name
MURPHY INSURANCE SERVICES INC.

Principal Place of Business
3425 HAYES STREET
HOLLYWOOD FL 33021

Mailing Address
3425 HAYES STREET
HOLLYWOOD FL 33021-5410

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip / County
24 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip / Country
29 30

3. Date Incorporated or Qualified: **10/23/1996**
3a. Date of Last Report:

4. FEI Number: **65-0709911**

Applied For: [ ]
Not Applicable: [X]

5. Certificate of Status Desired: [X] **$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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
MURPHY, VICTORIA L
3425 HAYES STREET
HOLLYWOOD FL 33021

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 Section 607.0505, 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 (or agent of registered office) to change the existing one as listed in Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICER(S) AND DIRECTOR(S)

11 TITLE	[ ] DELETE
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] DELETE
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] DELETE
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] DELETE
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] DELETE
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] DELETE
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President [ ] Change [ ] Addition
12 NAME	Donald J. MURPHY
13 STREET ADDRESS	3425 HAYES ST
14 CITY-ST-ZIP	Hollywood FL 33021
21 TITLE	VP - T [ ] Change [ ] Addition
22 NAME	Victoria L. MURPHY
23 STREET ADDRESS	3425 HAYES ST
24 CITY-ST-ZIP	Hollywood FL 33021
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: Victoria L. Murphy Victoria L. Murphy 3.6.97 954 962-5409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #