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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000036920 (1)

EDWARD MUIR INC.

Principal Place of Business

Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



6754 NW 8 PARKLAND		6754 NW 80 MANOR PARKLAND FL 33067			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/24/1997		
<u></u>	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			65-0766175 Not Applice	-	
22		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additiona	<sup>i</sup>	
City & State		City & State	******		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip Cour			8. This corporation owes or has paid the current year Intangible		
24	25 29 30			Personal Property Tax due June 30.  Yes No			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
P.	Arrish, Bruce W Jr		81	Name	9	1	
105 S. NARCISSUS AVENUE SUITE 701			82	Street	Address (P.O. Box Number is Not Acceptable)	$\neg$	
	'EST PALM BEACH FL 33	401	83			$\dashv$	
			84	City	FL 85 Zip Code	$\dashv$	
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							
12.	Signature, typed or printed name of ragio	RS AND DIRECTORS		nt signature	e required when reinstating)  DATE  ADDITION (OUT AND EXTENDED AND EXT	ĵ	
TITLE	D	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addi	,ian 8	
NAME	MUIR, EDWARD	tend occurs	1.2 NAME			.,,,,,	
STREET ADDRESS	6754 NW 80 MANOR		1.3 STREET	40D8ESS	MUIK, ED WARD G754 KW 80 MANOK		
CITY-ST-ZIP	DADIO 410 EL 0000		1.4 CITY-ST-ZIP		PARKLAND FL 33067		
TITLE			2.1 TITLE	1-211	Change Addi	tion	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	_		2.4 CITY - S	T-21P			
TITLE		DELETE	3.1 TITLE		Change Addit	ion	
NAME			3.2 NAME			ì	
STREET ADDRESS			3 3 STREET	address			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DEŁETE	4.1 TITLE		☐ Change ☐ Addii	ion ]	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE1	ADDRESS			
CITY-ST-ZIP		T per ere	4.4 CITY - ST	- ZIP			
TITLE		L. J DELETE	5.1 TITLE	ĺ	Change Addit	ion	
NAME CTOTEL ADDRESS			5.2 NAME				
STREET ADDRESS			5.3 STREET	- 1			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST 6.1 TITLE	- ZIP	Change Addit	ion	
NAME		LJ DELETE	6.2 NAME	1	; Change Adold	HUII	
STREET ADDRESS				ADDDESO			
CITY-ST-ZIP			6.3 STREET				
OIT I OI LIF			6.4 CITY - ST	-zir	<u> </u>		

14. I 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 changed, or on an attachment with an address.

NONATURE FALLOW

1/20198 95471584