

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000101450

1. Corporation Name

THE MURRAY ORGANIZATION, INC.

Principal Place of Business  
120 INTERNATIONAL PARKWAY  
SUITE 220  
HEATHROW FL 32746

Mailing Address  
120 INTERNATIONAL PARKWAY  
SUITE 220  
HEATHROW FL 32746

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90058 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

59-3485459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1526 CHERRY LAKE WAY  
Suite, Apt. #, etc.

22 City & State  
23 HEATHROW, FLORIDA

24 Zip 32746 25 SEMINOLE

2a. Mailing Address

26 1526 CHERRY LAKE WAY  
Suite, Apt. #, etc.

27 City & State  
28 HEATHROW, FLORIDA

29 Zip 32746 30 SEMINOLE

9. Name and Address of Current Registered Agent

MURRAY, MICHAEL F  
120 INTERNATIONAL PARKWAY  
SUITE 220  
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name

MURRAY, MICHAEL F.

82 Street Address (P.O. Box Number is Not Acceptable)

1526 CHERRY LAKE WAY

83

84 City

HEATHROW

FL

85 Zip Code  
32746

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

*Michael F. Murray*  
Signature, typed or printed name of registered agent and title if applicable

MICHAEL F. MURRAY  
(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MURRAY, MICHAEL F  
CITY-ST-ZIP 1526 CHERRY LAKE WAY  
HEATHROW FL 32746

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Michael F. Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL F. MURRAY

3-28-99

Date

(407) 444-5664

Daytime Phone #

CR2E034 (1/1/98)

0072814