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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90003 010 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000108285

1. Corporation Name  
MURRAYCO, INC.

Principal Place of Business  
14730 S.W. 129TH PLACE ROAD  
MIAMI FL 33186

Mailing Address  
14730 S.W. 129TH PLACE ROAD  
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1998

4. FEI Number

65-0888394

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

9. Name and Address of Current Registered Agent

MURRAY, KAREN G  
14730 S.W. 129TH PLACE ROAD  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

2854 NW 72 AVENUE

83

84 City Miami

FL

85 Zip Code 33122

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MURRAY, KAREN G

STREET ADDRESS 14730 S.W. 129TH PLACE ROAD

CITY-ST-ZIP MIAMI FL 33186

TITLE VSTD ☐ DELETE

NAME MURRAY, CHARLES

STREET ADDRESS 14730 S.W. 129TH PLACE ROAD

CITY-ST-ZIP MIAMI FL 33186

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 PD ☒ Change ☐ Addition

1.2 NAME MURRAY, KAREN G

1.3 STREET ADDRESS 2854 NW 72 AVENUE

1.4 CITY-ST-ZIP Miami, FL 33122

2.1 TITLE VSTD ☒ Change ☐ Addition

2.2 NAME MURRAY, CHARLES

2.3 STREET ADDRESS 2854 NW 72 AVENUE

2.4 CITY-ST-ZIP Miami, FL 33122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)