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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name WEBSTER J. MURPH Principal Place of Business 13823 GULF BLVD. UNIT D MADERA BEACH FL 33708 US

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(5)

ration Name

FILED
Apr 24 1998 8:00am
Secretary of State

WEBST	rer J. Mur	PHY, INC.								e akatibid sii biagt tajik aisib sibdi diii kidi		
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Principal Plac	e of Business		M	ailing Address							81911 81811 81811 81	OH ORDIN RABI
13823 GULF BLVD. 574 JO					JOHNS PASS AVE.							
UNIT D MADEIRA BEACH FL 33708									DO NOT WRITE IN T	HIS SPACE		
MADEIRA BEACH FL 33708 US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
00									-	04/29/1991		
2. Principal Place of Business				2a, Mailing Address						FEI Number	1 1/	Applied For
21				26						59-3057630	<u> </u>	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5	Certificate of Status Desired	T	Additional
22				27						Continuate of States Boomed		Required
City & State				City & State						Election Campaign Financing Trust Fund Contribution	•	D May Be
Zip Country			28	Zip Country					-			to Fees
 1	25			-, ` -			y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24		nd Address of Curre	29 nt Regis	tered Agent		<u> </u>				Name and Address of New Registe		
FARNAN, JEAN P.						81	Nan	ne				
574 JOHNS PASS AVE.					82	Ctro	ot Addros	ss (P.O. Box Number is Not Acceptable)				
MADEIRA BEACH FL 33708					02	300	et Addres	duress (P.O. Box Number is Not Acceptable)				
						84	City	 			85 Zir	Code
							1 "				FLIII	I
11. Pursuant	to the provision	ns of Sections 607.050	02 and 6	07.1508, Florida da. Such chanc	a Statutes, ie was aut	, the abov	e-nam	ed corpor	ration n's ba	n submits this statement for the purpo oard of directors. I hereby accept the	se of changing appointment a	its registered
agent. I a	m familiar with	and accept the oblig	ations o	I, Section 607.0	5 0 5, Florid	da Statute	S.	o.po.a		out of the control of	CIP P C	
SIGNATURE				-								
12.	Signature, typed or	printed name of registered as OFFICERS AN	····	····	(NOTE: F	legistered Ag	ent signa	ture required		reinstating) DA ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	OI TOURS AND AND	VEZ EZIT IE.	DEL	ETE	1.1 TITLE		\top		ADDITIONS/GITANGES TO GIT IGENO	Change	
NAME	FARNAN,	JEAN P				1.2 NAME						
STREET ADDRESS	AMA 1011110 0400 4187						1.3 STREET ADDRESS					į
CITY-ST-ZIP	MADEIRA	BEACH FL				1.4 CITY - ST - ZIP						
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						4.3 STACE		·\$				
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NAME												
TOWNE						6.2 NAME						
STREET ADDRESS						6.2 NAME 6.3 STREE	t addre:	is				

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.

SIGNATURE OL. P. OL. STATE OF

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4/10/90

813-391-7097

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