

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

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May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S76161 (6)**  
 1. Corporation Name  
**MIRUS, INC. II**



Principal Place of Business <b>10022 SAN JOSE BLVD JACKSONVILLE FL 32257-5836</b>	Mailing Address <b>10022 SAN JOSE BLVD JACKSONVILLE FL 32257-5836</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/27/1991</b>	3a. Date of Last Report <b>07/23/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3131339</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINNEY, MICHAEL D.**  
**3983 RAIN TREE RD**  
**JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>10935 HEATHFIELD RD.</b>
83. City	<b>JACKSONVILLE FL</b>
84. Zip Code	<b>32225</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	S
NAME	FINNEY, MICHAEL D.	1.2 NAME	FINNEY, RUSSA
STREET ADDRESS	10935 HEATHFIELD RD.	1.3 STREET ADDRESS	10935 HEATHFIELD RD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	V	2.1 TITLE	T
NAME	TOMPKINS, CLIFFORD	2.2 NAME	FINNEY, JENNIFER
STREET ADDRESS	4150 JULINGTON CREEK RD.	2.3 STREET ADDRESS	10935 HEATHFIELD RD
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	T	3.1 TITLE	
NAME	FINNEY, RUSSA	3.2 NAME	
STREET ADDRESS	10873 CREEKVIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	FINNEY, JENNIFER	4.2 NAME	
STREET ADDRESS	10873 CREEKVIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 included 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: *Michael D. Finney* **FINNEY, MICHAEL D.** **FINNEY** **4-18-97** **(904) 262-2900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)