

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

**95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S90039

(6)

1. Corporation Name

MURPHY COMPUTER SYSTEMS, INC.

Principal Place of Business

**5815 S. OLIVE AVENUE
W. PALM BEACH FL 33405**

Mailing Address

**259 BLOOMFIELD DR.
W. PALM BCH. FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1991

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
65-0340727

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Country

28 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Country

25 Country

29 Country

30 Country

8. The corporation has liability ☒ or intangible tax under S. 129.032
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, PAUL
5815 SOUTH OLIVE AVENUE
W. PALM BEACH FL 33405**

81 Name

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

83

84 City

FL

85 Zip Code

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 agent 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 hereby willing to accept the obligations of Section 607.0505, Florida Statutes.

Signature

Name of Registered Agent (Type or Print Name)

Name of Registered Agent (Type or Print Name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	P MURPHY, PAUL
12.2 STREET ADDRESS	259 BLOOMFIELD DRIVE
12.3 CITY & STATE	WEST PALM BEACH FL
12.4 TITLE	
12.5 NAME	
12.6 STREET ADDRESS	
12.7 CITY & STATE	
12.8 TITLE	
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY & STATE	
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	
12.16 TITLE	
12.17 NAME	
12.18 STREET ADDRESS	
12.19 CITY & STATE	
12.20 TITLE	
12.21 NAME	
12.22 STREET ADDRESS	
12.23 CITY & STATE	
12.24 TITLE	
12.25 NAME	
12.26 STREET ADDRESS	
12.27 CITY & STATE	
12.28 TITLE	
12.29 NAME	
12.30 STREET ADDRESS	
12.31 CITY & STATE	

13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY & STATE	
13.21 TITLE	
13.22 NAME	
13.23 STREET ADDRESS	
13.24 CITY & STATE	

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*5/1/95
MST*

14. I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Law No. 1100-1, Florida Statutes. Further, I certify that the information included in 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. I am hereby willing to accept the obligations of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and Part 6, Rules of the Department of State.

SIGNATURE:

Paul Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Murphy

5/1/1995 582-3914