


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

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V01243 (7)**  
 1. Corporation Name  
**MURRAY BROTHERS, INC.**



Principal Place of Business <b>1306 53RD STREET                  WEST PALM BEACH FL 33407</b>	Mailing Address <b>1306 53RD STREET                  WEST PALM BEACH FL 33407</b>
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DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**  
**12/19/1991**

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
Country	Country
<b>24</b>	<b>29</b>
<b>25</b>	<b>30</b>

**4. FEI Number**  
**65-0303741**

**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 or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**9. Name and Address of Current Registered Agent**  
**MURRAY, VINCENT  
 12 DORCHESTER CIR  
 PALM BEACH GARDENS FL 33418**

**10. Name and Address of New Registered Agent**

**81 Name** **LYNN MURRAY-SHEA**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**9756 DAHLIA AVE**

**83**

**84 City** **PBG** **FL** **85 Zip Code** **33410**

**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** *Lynn Murray-Shea* (NOTE: Registered Agent signature required when rehashing) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, VINCENT</b>	1.2 NAME	<del>MURRAY, VINCENT</del>
STREET ADDRESS	<b>3754 LIGHTHOUSE DRIVE</b>	1.3 STREET ADDRESS	<del>12 DORCHESTER CIRCLE</del>
CITY-ST-ZIP	<b>PALM BEACH GRDNS FL</b>	1.4 CITY-ST-ZIP	<del>PBG FL 33418</del>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY-SHEA, LYNN</b>	2.2 NAME	<b>Pres LYNN MURRAY-SHEA</b>
STREET ADDRESS	<b>9756 DAHLIA AVENUE</b>	2.3 STREET ADDRESS	<b>9756 DAHLIA AVE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>PBG FL 33410</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>7815 78TH WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.**

**SIGNATURE:** *Lynn Murray-Shea Pres* **2/26/98**

CR2E034 (10/97)