**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT #

MURRAY PROPERTIES, INC.

1. Corporation Name

Principal Place of Business	Mailing Address
330 WICKLINE BLVD.	650 JAEGES DR.
APT. 6	DELRAY BEACH FL 33444
LANTANA FL 33462	US
US	

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90008 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/14/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 650 Jueges 65-0357043 Not Applicable 26 21 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State : . -Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip ΠNα Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MURRAY, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 82 650 JAEGER DR. **DELRAY BEACH FL 33444** 83 Zip Code 84 City 85

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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1,1 TITLE TITLE 12 NAME NAME MURRAY, JOHN F 650 Jagger Dr. STREET ADDRESS 650 JAEGER DR. 1.3 STREET ADDRESS FL 33444 **DELRAY BEACH** 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE TITLE VP 2.1 TITLE PHILLIPS, JAMES 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 330 WICKLINE BLVD., #6 LANTAN FL CITY-ST-ZIP 2 4 CITY ST-ZIP Change DELETE ☐ Addition 3.1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

Daytime Phone #

CR2E034 (11/98