

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H68214** (6)

1. Corporation Name

SNARLIN MARLIN ENTERPRISES, INC.

2. Principal Office

3. Mailing Address

~~2337 BAY CIRCLE~~
~~PALM BEACH GARDENS FL 33410~~

~~2337 BAY CIRCLE~~
~~PALM BEACH GARDENS FL 33410~~

2. Principal Office

4521 P.G.A. Blvd.

Suite # 332

PALM BEACH GARDENS, FL.

33418 U.S.A.

2a. Mailing Address

4521 P.G.A. Blvd.

Suite # 332

PALM BEACH GARDENS, FL.

33418 U.S.A.

9. Name and Address of Current Registered Agent

~~FISHER, PETER~~
~~2337 BAY CIRCLE~~
~~PALM BEACH GARDENS FL 33410~~

3. Date Incorporated or Qualified

07/25/1985

3a. Date of Last Report

01/30/1995

4. FEE Number

59-2574161

Applied for
Not Applicable

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 has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name **FISHER, MICHELLE**

82. Street Address (P.O. Box Number, Not Applicable)
116 SATINWOOD LANE

83.

84. City **PALM BEACH GARDENS FL** 85. Zip Code **33410**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address herein stated, and that the same has been approved by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

Michelle Fisher

1/21/96

12. OFFICERS AND DIRECTORS

☒ PVT ☒ DEF

~~FISHER, PETER~~
~~2337 BAY CIRCLE~~
~~PALM BCH. GARDENS FL~~

☒ S ☒ DEF

~~FISHER, PETER~~
~~2337 BAY CIRCLE~~
~~PALM BCH. GARDENS FL~~

☐ DEF

☐ DEF

☐ DEF

☐ DEF

13.

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

PVT FISHER, PETER
4521 P.G.A. BLVD. Suite #332
PALM BEACH GARDENS, FL. 33418

☒ Change ☐ Addition

S FISHER, MICHELLE
4521 P.G.A. Blvd. Suite #332
PALM BEACH GARDENS, FL. 33418

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied in this filing is voluntary, furnished and does not qualify for the exemption stated in Section 190.03(3)(a), Florida Statute. I further certify that the information furnished in this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and the undersigned is duly empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the Block Filing of the report in accordance with the address.

SIGNATURE:

Michelle Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96

407-885-3768
Filing Office

CR2E034 (12/95)