FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 212274 (5)

1. Corporation Name

MARLIN'S FURNITURE COMPANY, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 05/17/1958
3a. Date of Last Report: 4/96

2. Principal Place of Business
21 4109 Mizner Circle, S.
22 Suite, Apt. #, etc.:
23 City & State: Jacksonville, FL 32217
24 Zip: 32217 25 Country: USA

2a. Mailing Address
26 4417 Beach Boulevard
27 Suite, Apt. #, etc.: Suite 310
28 City & State: Jacksonville, FL
29 Zip: 32207 30 Country: USA

4. FEI Number: 59-0836955 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Edwin Presser
4417 Beach Boulevard
Suite 310
Jacksonville, FL 32207

10. Name and Address of New Registered Agent

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 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: [signature] DATE

(Type or Type Name of Registered Agent and Title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	Marvin Lazarus		12 NAME
STREET ADDRESS	4109 Mizner Circle, South		13 STREET ADDRESS
CITY-ST-ZIP	Jacksonville, FL 32217		14 CITY-ST-ZIP
TITLE	S	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	Edwin Presser		22 NAME
STREET ADDRESS	4417 Beach Boulevard, Suite 310		23 STREET ADDRESS
CITY-ST-ZIP	Jacksonville, FL 32207		24 CITY-ST-ZIP
TITLE	~~Lori Travan~~ RESIGNED 5/31/96	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	~~4109 Mizner Circle, South~~		32 NAME
STREET ADDRESS	~~Jacksonville, FL 32217~~		33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

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***165.00

CR2E034 (9/96)

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 report or supplemental 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: [signature] Marvin Lazarus, Pres. 3/23/97 (904) 367-0124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #