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**APPROVED  
AND  
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95 MAR -3 PM 3:17

**CORPORATION  
ANNUAL REPORT  
1995**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000001038 (9)**

1. Corporation Name  
**MAURLYN CORP.**

Principal Place of Business      Mailing Address  
**46 SEAFIELD LANE      46 SEAFIELD LANE  
WESTHAMPTON BEACH FL 11978      WESTHAMPTON BEACH FL 11978**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/25/1993</b>	3a. Date of Last Report <b>02/21/1994</b>
4. FEI Number <b>11-2967204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RUSSO, LYNNET D  
216 VIA MARILA  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or by hand name of registered agent and title if applicable) (NOTE: Registered Agent signature required when recording)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>RUSSO, LYNNE DEK</b>
STREET ADDRESS	<b>46 SEAFIELD LANE</b>
CITY-ST-ZIP	<b>WESTHAMPTON BEACH NY 11978</b>
TITLE	<b>VP</b>
NAME	<b>RUSSO, MAURIZIO C.</b>
STREET ADDRESS	<b>46 SEAFIELD LANE</b>
CITY-ST-ZIP	<b>WESTHAMPTON BEACH NY 11978</b>
TITLE	<b>S</b>
NAME	<b>WINTERS, TERRY LEE</b>
STREET ADDRESS	<b>BOX 1205</b>
CITY-ST-ZIP	<b>WESTHAMPTON NY 11978</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynne Dek Russo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LYNNE DEK RUSSO**

2/27/95 407-881-7264  
DATE TIME