

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90228 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000001038**
 1. Corporation Name
MAURLYN CORP.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 **12255 N.W. HWY. 225A**
 27 Suite, Apt. #, etc.
 28 **REDDICK, FL.**
 29 Zip Country
 30 **32686**

3. Date Incorporated or Qualified
02/25/1993

4. FEI Number
11-2967204

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
RUSSO, LYNNE DEK
1890 S.W. 55TH LANE
OCALA FL 34474

10. Name and Address of New Registered Agent
 81 Name **RUSSO, LYNNE DEK**
 82 Street Address (P.O. Box Number is Not Acceptable)
12255 N.W. HWY. 225A
 83
 84 City **REDDICK** FL 85 Zip Code **32686**

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 *Lynne Dek Russo* (NOTE: Registered Agent signature required when reinstating) **JAN. 21, 1999** DATE

12. OFFICERS AND DIRECTORS

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

SIGNATURE: *Lynne Dek Russo* DATE: **JAN. 21, 1999** DAYTIME PHONE #: **352-591-1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)