FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
96 OCT 14 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G42979** **(6)**

1. Corporation Name

MARLIN MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BOULEVARD ~~22ND FLOOR~~ 1100 Miami Center MIAMI FL 33131	201 SOUTH BISCAYNE BOULEVARD ~~22ND FLOOR~~ 1100 Miami Center MIAMI FL 33131

3. Date Incorporated or Qualified: 06/03/1983
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21: —; Suite, Apt. #, etc. — 22: —; City & State — 23: —; Zip — 24: —; Country — 25: —

2a. Mailing Address — 26: c/o John F. Chapple; Suite, Apt. #, etc. — 27: 3116 No. Federal Highway #346; City & State — 28: Lighthouse Point, Fl; Zip — 29: 33064; Country — 30: —

4. FEI Number: 59-2290642 ☐ 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

CRITCHLOW, RICHARD H
1100 MIAMI CENTER → 201 South Biscayne Blvd.
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAPPLE, JOHN F 1	1.2 NAME	
STREET ADDRESS	P.O. BOX 1072 150 S. Champlain St	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON VT 05402	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RICKARD, PATRICIA L.	2.2 NAME	
STREET ADDRESS	150 S. CHAMPLAIN ST.	2.3 STREET ADDRESS	000001973760---0
CITY-ST-ZIP	BURLINGTON VT 05402	2.4 CITY-ST-ZIP	-10/15/96--01073--010 ****200.00 ****200.00
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	pm 10/14
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in connection with an address.

SIGNATURE: John F. Chapple Patricia L. Rickard 305-862-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — PATRICIA RICKARD — Daytime Phone #