

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J94823 (8)

1. Corporation Name

MARLIN BUSINESS SYSTEMS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O MARK S. LENTON  
4113 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839-1236

C/O MARK S. LENTON  
4113 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839-1236

3. Date Incorporated or Qualified

09/28/1987

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21 4115 S. Orange Blossom Trail

26 4115 S. Orange Blossom Trail

4. FEI Number

59-2851825

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. 199.03?  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32839-1236

25 USA

29 32839-1236

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENTON, MARK S.  
4113 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME LENTON, MARK S.  
STREET ADDRESS 11345 SCENIC VIEW LANE  
CITY - ST - ZIP ORLANDO FL

11 TITLE ☐ Change ☐ Addition

TITLE VS  
NAME LENTON, KATHRYN S.  
STREET ADDRESS 11345 SCENIC VIEW LANE  
CITY - ST - ZIP ORLANDO FL

12 NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

15 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

16 CITY - ST - ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathryn S. Lenton Kathryn S. Lenton VP

6-24-96

407-425-3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)