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1997 APR 30 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **L85790** **(8)**

1. Corporation Name
FLORIDA MARLINS, INC.

Principal Place of Business	Mailing Address
2267 NW 199TH ST. MIAMI FL 33056	2267 NW 199TH ST. MIAMI FL 33056

3. Date Incorporated or Qualified: **07/09/1990**
3a. Date of Last Report: **05/01/1996**

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

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29):
Country (30):

4. FEI Number: **65-0216282** ☐ 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

AMERICAN INFORMATION SERVICES, INC
1 SE 3RD AVENUE
27TH FLOOR
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	CEO	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HUIZENGA, H. WAYNE		1.2 NAME	
STREET ADDRESS	~~2267 NW 199TH ST.~~		1.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	~~MIAMI FL 33056~~		1.4 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMILEY, DONALD A.		2.2 NAME	
STREET ADDRESS	2267 NW 199TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	800002161868--6 ☐ Change ☐ Addition
NAME	DOMBROWSKI, DAVID M.		3.2 NAME	-05/01/97--01001--020
STREET ADDRESS	2267 NW 199TH ST.		3.3 STREET ADDRESS	***3300.00 ****165.00
CITY-ST-ZIP	MIAMI FL 33056		3.4 CITY-ST-ZIP	
TITLE	VTS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARINER, JONATHAN D.		4.2 NAME	
STREET ADDRESS	2267 NW 199TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	ROCHON, RICHARD C		5.2 NAME	
STREET ADDRESS	~~2267 NW 199TH ST.~~		5.3 STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 1500
CITY-ST-ZIP	~~MIAMI FL 33056~~		5.4 CITY-ST-ZIP	Ft. LAUDERDALE, FL 33301
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 (9/96)

14. I do 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.

SIGNATURE: [signature] RICHARD C ROCHON 4-24-97 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0517634