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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010135

MERLIN TECHNOLOGY, INC.

Principal Place of Business 115 BAYTREE COURT WINTER SPRINGS FL 32708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

115 BAYTREE COURT WINTER SPRINGS FL 32708

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90044 018 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/10/1993 4. FEI Number Applied For 59-3167308 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired

Fee Required

6.	Election Campaign Financing Trust Fund Contribution		•	May Be to Fees	
8.	This corporation owes the curre	ent year		Пы	
	Personal Property Tax.		∐ Yes	∐No	
10.	Name and Address of New R	egistera	d Agent		

9. Name and Address of Current Registered Agent

Country

GONZALEZ, AVELINO J 115 BAY TREE CT WINTER SPRINGS FL 32708

25

81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
	A CONTRACTOR OF THE CONTRACTOR				
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.

Country

30

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE GONZALEZ, AVELINO J 1.2 NAME NAME 115 BAYTREE CT 1.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 1.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE Change ☐ Addition 2.1 TITLE TITLE GONZALEZ, NICOLE B 2.2 NAME NAME 115 BAYTREE CT 2.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

CR2E034 (11/98)