

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000024471

1. Corporation Name
MARLIN FINANCIAL CORP.

Principal Place of Business
3899 JOG ROAD
GREENACRES FL 33467

Mailing Address
POST OFFICE BOX 19238
WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/29/1993

4. FEI Number
65-0402177

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

21. Principal Place of Business
1501 S. CYPRESS RD
Suite, Apt. #, etc.

2a. Mailing Address
1501 S. CYPRESS RD.
Suite, Apt. #, etc.

22. City & State
Pompano Beach FL

27. City & State
Pompano Beach FL

24. Zip
33060

29. Zip
33060

9. Name and Address of Current Registered Agent

STEINER, PETER S
3899 JOG RD
GREEN ACRES FL 33467

10. Name and Address of New Registered Agent

81. Name
STEINER, PETER S.
82. Street Address (P.O. Box Number is Not Acceptable)
1274 N. MILITARY TRAIL
83.
84. City
WEST PALM BEACH FL

85. Zip Code
33409

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DCPT	LAZZARA, FRANK J	7415 WOODLAND CREEK LANE	LAKE WORTH FL	<input type="checkbox"/>
DVS	STEINER, PETER S	6590 GENEVA STREET	LAKE CHARLESTON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE FRANKIE LAZZARA as President 1/8/99 954
942-7888

Date

Daytime Phone #

CR2E034 (11/98)