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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P93000026749 (0)

MARLIN ENTERPRISES, INC.

Principal Place of Business

COY-ST-2IE

4834 N.W. 14TH DRIVE 4834 N.W. 14TH DRIVE COCONUT CREEK FL 33063 COCONUT CREEK FL 33063-3950 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1993 12/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0407251 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes
You
No Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEE. MARLIN R JR 4834 NORTHWEST 14TH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT CREEK FL 33063** 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TOLE 1.1 TITLE Change ___ Addition LEE, MARLIN R JR NAME 1.2 NAME 4834 N.W. 14TH DR. STREET ADDRESS 1.3 STREET ADDRESS **COCONUT CREEK FL 33063** CITY-ST 7(E 14 CHTY-ST-ZIP DELETE THLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change ___ Addition 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CHY-ST-ZIP CHY-\$1-20 DELETE THLE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CHY-SI-ZIE 54 CITY-ST-ZIP DELETE THEF 61 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS**

GNATURE: SIGNATURE AND THE PRINTED NAME OF SIGNANG OFFICER OF OFFICER OFFICER OF OFFICER OF OFFICER OF OFFICER OF OFFICER OF OFFICER OF OFFICER OFF

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.

64 CITY-ST-ZIP