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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 # P93000055222

1. Corporation Name

MARLIN JANITORIAL SERVICES, INC.

Principal Place of Business

~~5440 N. ST. RD 7
SUITE 211
FT. LAUDERDALE FL 33319
US~~

Mailing Address

~~5440 N. ST. RD 7
SUITE 211
FT. LAUDERDALE FL 33319
US~~

P.O. Box 82-3093

DO NOT WRITE IN THIS SPACE

2. P Barrett Kluck
18435 NW 13 St.
S Pembroke Pines FL 33029

MARLIN JANITORIAL SERVICES
P.O. BOX 82-3093
SOUTH FLORIDA, FL 33082
(954) 441-2747 (800) 458-8800

City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

BARRETT K. KLUCK
5440 N. ST. RD 7
SUITE 211
FT. LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83

84 City

Barrett Kluck
18435 NW 13 St.
Pembroke Pines FL 33029

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KLUCK, BARRETT
5440 N. ST. RD 7, STE. 211
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PRESIDENT
Barrett Kluck
18435 NW 13 St.
Pembroke Pines FL 33029

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barrett Kluck
3/3/99

(954) 441-2747
Daytime Phone #

CR2E034 (11/98)