May 07, 1999 8:00 am Secretary of State

05-07-1999 90066 019 ***150.00

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 # P9400000698

1. Corporation Name

MARLIN	BUILDERS DEVELOPMENT	, CORP.			
Dringingt Diago	of Puninger	Mailing Address			TOTAL ORIGINALISE SEED TOTAL SOCI
101 N FEDERAL HWY HALLANDALE FL 33009 HALLANDALE FL 33009					
HALLANDALE FL 33009 HALLANDALE FL 33009 US US				DO NOT WRITE IN THIS	S SPACE
**		-		3. Date Incorporated or Qualifed	
l				12/21/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0485926	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 27				5. Certifcate of Status Desired	Fee Required
City & State	9 .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	29 3	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Registered	i Agent
			81 Name /	BOUTER GROOM	۱ ا
HEAVNER, GERALD C CPA 82 Street Address				ress (P.O. Box Number is Not Acceptable)	ــــــــــــــــــــــــــــــــــــــ
7031C S.W. 22 CT.				Direction to	194
DAVIE FL 33317					
			84 Cit Na	llandale FI	
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 DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	D	☐ DELETE	1.1 TITLE		☐ Cliange ☐ Addition
NAME	HEAVNER, GERALD C		1.2 NAME		
STREET ADDRESS	3203 NW 87TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-\$T-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEVERIN, SEVERIN W		2.2 NAME		
STREET ADDRESS	13400 SW 14TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		2. 4 CITY-ST-ZIP		<u></u>
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		-	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
(5.3 STREET ADDRESS		1
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		□ beteve	6.2 NAME		
NAME			l l		
STREET ADDRESS			6.3 STREET ADDRESS		l de la companya de

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP