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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049767 (3)

1. Corporation Name
MARLIN MECHANICAL, INC.



Principal Place of Business: 500 NE SPANISH RIVER BLVD #28A BOCA RATON FL 33431
Mailing Address: 500 NE SPANISH RIVER BLVD #28A BOCA RATON FL 33431-4515

3. Date Incorporated or Qualified: 06/26/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0590341
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 700 S.E. 8TH AVE #201 DEERFIELD BCH, FL. 33441 USA
2a. Mailing Address: P.O. BOX 1881 BOCA RATON, FL. 33429 USA

9. Name and Address of Current Registered Agent: SADOWSKI, EUGENE 500 NE SPANISH RIVER BLVD #28A BOCA RATON FL 33431

10. Name and Address of New Registered Agent: PETER A. HICKEY 8165-A ANDOVER CT LAKE CLARKE SHORES FL 33406

11. Pursuant to the provisions of Sections 607.0507 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: PETER A. HICKEY 4/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	SADOWSKI, EUGENE	
STREET ADDRESS	500 NE SPANISH RIVER BLVD #28A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2		Change	Addition
1.1 TITLE	P/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	MRAESEL, SHAWN R.		
1.3 STREET ADDRESS	100 N.W. 28TH ST. B-3		
1.4 CITY-ST-ZIP	BOCA RATON, FL. 33431		
2.1 TITLE	V/T/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	HICKEY, PETER A.		
2.3 STREET ADDRESS	100 N.W. 28TH ST. B-3		
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33431		
3.1 TITLE	V/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MERIWETHER, BILL		
3.3 STREET ADDRESS	900 S.E. 8TH AVE #201		
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE: PETER A. HICKEY 4/26/97 561-362-5073
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)