Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90053 004 ***158.75

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 # P95000049767

1. Corporation Name

MARLIN MECHANICAL, INC.					
Principal Place	of Business	Mailing Address		, (1991) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19)	
900 SE 8TH AVE P.O BOX 1881					
#201 BOCA RATON FL 33429				DO NOT WRITE IN THIS SPACE	F
DEERFIELD BEACH FL 33441 US US				3. Date Incorporated or Qualified	
US				06/26/1995	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Nümber	Applied For
_	ace of business	26		65-0590341	Not Applicable
Suite, Apt. a	# etc	Suite, Apt. #, etc.		\$8	75 Additional
22	r, 500.	27		F Cortificate of Status Desired Mr	ee Required
City & State City & State			6. Election Campaign Financing 55	5.00 May Be	
23 28		28			dded to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	,
24	25	29	30	Personal Property Tax.	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent	
81 Name					
HICKEY, PETER A 82 Street Addi				ddress (P.O. Box Number is Not Acceptable)	
	-A ANDOVER CT		159	5 NW 107	
LAKE CLARKE SHORES FL 33406			83		
			84 City D	[85]	Zip Code
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3343A _
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					
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was a ions of, Section 607,0505, Flo	authorized by the corpor orida Statutes.	ration's board or directors, I necessy accept the appointment	ds registered
SIGNATURE		,			
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE	PD	DELETE	1.1 TITLE	yr	angeAddition
NAME	MAESEL, SHAWN R		1.2 NAME	1595 NW 1Ct.	
STREET ADDRESS	100 NW 28TH ST B-3		1.3 STREET ADDRESS	P-01 804 (12112)	
CITY-ST-ZIP	BOCA RATON FL		1,4 CITY-ST-ZIP	1595 NW 1Ct. Boca haton Fr 33432	nange [Addition
TITLE	VTD	☐ DELETE	2,1111.02	. <i>F</i>	angeAddition (
NAME	HICKEY, PETER A		2.2 NAME	LEGG NI) 1Ct	
STREET ADDRESS	100 NW 28TH ST B-3		2,3 STREET ADDRESS	1595 NW 1Ct 8 22/127	
CITY-ST-ZIP	BOCA RATON FL	D per ETE	2. 4 CITY-ST-ZIP	DOWN NATUN PL 33432	nange
TITLE	VD	☐ DELETE	3.1 TITLE	;··	larige Li noutron
NAME	MERIWETHER, BILL		3.2 NAME	•	
STREET ADDRESS	900 SE 8TH AVE #201		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4. CITY-ST-ZIP	·	vange Addition
TITLE		☐ DELETE	4.1 TITLE	□ Ch	range Trummer.
NAME			4. 2 NAME		:
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		nange
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE :	•	☐ DELETE	6.1 TITLE	□Cr	nange
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP line does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information refort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered. 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annual report or officer or director of the corpo Block 12 or Block 13 if chang

6.4 CITY-ST-ZIP

SIGNATURE:

561-368-9038